



**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire (VOQ)**

**NATIONWIDE 1-888-DASH-2-DOT**  
**1-888-327-4236**  
**www.nhtsa.dot.gov/hotline**

**FOR AGENCY USE ONLY 258**

Data Received  <b>10-AUG-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  <b>727451</b>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small> <b>1GNEK13TXYJ155969</b>	Vehicle Make <b>CHEVROLET TRU</b>	Vehicle Model <b>TAHOE</b>	Vehicle Year <b>2000</b>	Current Odometer Reading
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Purchase Date <b>01-JUL-2000</b>	Dealer's Name _____	Engine Size (CID/CYL) <b>5.3L</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>06310000</b>	Par. Name(s) <b>ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failures <b>1</b>	Date(s) of Failure(s) <b>01-AUG-2000</b>	Mileage at Failure(s) <b>1100</b>	Vehicle Speed at Failure(s) <b>5</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s), Crashes), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**WHEN TURNING LEFT AT SLOW SPEEDS, MY WIFE NOTICED THAT THE STEERING WHEEL HAD A GOOD AMOUNT OF RESISTANCE. WHEN SHE TURNED THE WHEEL FURTHER TO THE LEFT, THE VEHICLE HAD A COMPLETE LOSS OF POWER. AT THE TIME OF THE INCIDENT, MY WIFE WAS IN NORTH CONWAY NH,SO SHE HAD THE VEHICLE TOWED TO THE NEAREST CHEVROLET DEALERSHIP (CREST AUTO WORLD, NORTH CONWAY, NH, (603) 356-5401). THE SERVICE REP AT CREST AUTO WORLD FOUND THAT THE MAIN ENGINE HARNES HAD WRAPPED ITSELF AROUND THE STEERING COLUMN AND WHEN MY WIFE TURNED THE WHEEL, THE HARNES WAS SEVERED, THUS REMOVING ALL POWER TO THE VEHICLE. THE SERVICE REP FOUND THAT THE HARNES WAS NOT INSTALLED PROPERLY. MY DEALERSHIP IN VA BEACH WAS NOTIFIED. THE DEALERSHIP IN NORTH CONWAY NH REPAIRED THE WIRI**

CONTINUED ON BACK (REVERSE)

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.