



**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 02-OCT-2000 | Od_or _____ |
| | rt_dt _____ |
| | od_rt _____ |
| | up_ltr _____ |
| Reference No. 733251 | |

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 driver's side)</small> JH4DB1558LS010692 | Vehicle Make CHEVROLET TRU | Vehicle Model TAHOE | Vehicle Year 2000 | Current Odometer Reading |
|--|--------------------------------------|-------------------------------|-----------------------------|--------------------------|

| | | | |
|---|---------------------------------------|------------------------------------|---|
| Purchase Date 01-APR-2000 | Dealer's Name _____ | Engine Size (CID/CC/L) 5.3L | <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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle | 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 _____ |
|--|---|--|--|---|---|--|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|--|--|---|---|
| Component 03250000 07300000 05100000 | Par. Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM POWER TRAIN:TRANSMISSION:AUTOMATIC ENGINE | 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 |
|--|--|---|---|

| | | | | |
|-----------------------------|--|---|-----------------------------------|---|
| No. of Failures 2 | Date(s) of Failure(s) 01-JUN-2000 | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | Mileage at Failure(s) 3200 | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Vehicle Speed at Failure(s) 15 | | | |

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 | Number of Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|---------------------------|----------------------|---------------------------|---|

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I HAVE HAD THIS VEHICLE BACK A THREE DIFFERENT DEALERSHIPS. TWO OF THEM INFORMED ME THAT THESE CONDITIONS ARE NORMAL FOR THIS VEHICLE AND THERE IS NOTHING THAT THE CAN DO. WALLACE LUNDGREN AT LEAST KEPT THE VEHICLE FOR A WEEK AND APPARENTLY TRIED TO DUPLICATE THE SYMPTOMS. THESE PROBLEMS ARE OCCURING INTERMITTANTLY AND ME BEING AN AUTOMOTIVE TECHNICIAN KNOW HOW HARD INTERMITANT PROBLEMS ARE BUT BECAUSE OF THE SAFETY OF MY FAMILY I BELIEVE THAT A VEHICLE THAT INTERMITANTLY HAS NO BRAKES SHOULD BE TAKEN SERIOUSLY. ALSO I WOULD LIKE TO NOTE THAT LUNDGREN CHEVROLET GAVE ME A 2000 SUBURBAN AS ALONER AND GUESS WHAT NO BRAKES INTERMITTANTLY. ALSO MY SERVICE MANAGER FRED SCHARNBERG HAS HAD THE SAME PROBLEMS WITH HIS NEW 2000 SUBURBAN. I BELIEVE G.M IS /

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.