



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 798

Date Received

07-JAN-2002

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8001653

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
N/A	CHEVROLET TRUCK	TAHOE	1998	
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type	Body Style			
<input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	<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 08113000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:TANK	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) 20-DEC-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 50000		
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

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

**GAS TANK WOULD RUB AND BUMP AGAINST THE BODY OF VEHICLE. THIS CAUSES THE GAS TO LEAK.
CONTACTED DEALER.*AK**

CONTINUE ON 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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 798</p>	
	<p>Date Received 17-JAN-2002</p>	<p>Od_or rt_dt od_rt up_itr</p>
<p>OWNER INFORMATION (Type or Print)</p>		
<p>[Redacted Name]</p>		<p>732305</p>
<p>Work Number [Redacted]</p>		

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: [Redacted] Date: / /

<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p>N/A</p>	<p>Vehicle Make</p> <p>CHEVROLET TRU</p>	<p>Vehicle Model</p> <p>TAHOE</p>	<p>Vehicle Year</p> <p>1998</p>	<p>Current Odometer Reading</p>		
<p>Purchase Date</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>Dealer's Name</p> <p>City _____ State _____ Zip Code _____</p>		<p>Engine Size (CID/CC/L)</p> <p>No. Cylinders _____</p>	<p><input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto</p>		
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p> <p><input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel</p>	<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Tra</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p> <p><input checked="" type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck</p>

FAILED COMPONENT(S)/PART(S) INFORMATION			
<p>Component</p> <p>06113000</p>	<p>Part Name(s)</p> <p>FUEL:FUEL TANK ASSEMBLY:TANK</p>	<p>Location</p> <p><input checked="" type="checkbox"/> Left front <input type="checkbox"/> Right front <input checked="" type="checkbox"/> Right Rear <input type="checkbox"/> Left Rear</p>	<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failures</p> <p>1</p>	<p>Date(s) of Failure(s) 20-DEC-2001</p> <p>Mileage at Failure(s) 50000</p> <p>Vehicle Speed at Failure(s)</p>	<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury (ies) on the back of this form)					
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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

GAS TANK WOULD RUB AND BUMP AGAINST THE BODY OF VEHICLE. THIS CAUSES THE GAS TO LEAK. CONTACTED DEALER.*AK

**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

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