



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 758

Date Received

21-FEB-2002

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

Reference No.

8004344

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 | | |
| 1GNEK13T0YJ112970 | CHEVROLET TRUCK | TAHOE | 2000 | | | |
| Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | Dealer's Name _____ City _____ State _____ Zip Code _____ | | Engine Size (CID/CC/L) _____ No. Cylinders _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | | |
| 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 type="checkbox"/> 4-Wheel | Vehicle Type <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 _____ | 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 01300000 | Part Name(s) STEERING:POWER ASSIST | 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) 01-AUG-2000 Mileage at Failure(s) 20000 Vehicle Speed at Failure(s) _____ | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No |

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 Polic <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|---|

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

WHEN BACKING UP OR DRIVING AT VERY SLOW SPEEDS AND TURNING POWER STEERING WILL NOT WORK. DEALER COULD NOT FIND A PROBLEM.*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.

| DOT Auto Safety Hotline | | FOR AGENCY USE ONLY 758 | |
|---|--|--|---|
|  U.S. Department of Transportation National Highway Traffic Safety Administration | | Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline | |
| OWNER INFORMATION (Type or Print) | | Date Received <u>21-FEB-2002</u> Office <u>DEFECTS INVESTIGATION</u> Reference No. <u>6004344</u> | |
| [Redacted] | | Od_or _____ rt_dt _____ od_rt _____ up_tr _____ Work Number _____ Home Num _____ | |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a manufacturer, NHTSA will not provide your name and address to the vehicle manufacturer. | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date <u>3/7/02</u> | |
| Signature of Owner _____ | | | |
| VEHICLE INFORMATION | | | |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year |
| <u>1GNEK13T0YJ112970</u> | <u>CHEVROLET TRUCK</u> | <u>TAHOE</u> | <u>2000</u> |
| Purchase Date | Dealer's Name | Engine Siz (CID/CC) | Current Odometer Reading |
| <u>2/00</u> | <u>Glendale COJ Motors</u> | <u>5.3</u> | <u>21345</u> |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City <u>Glendale</u> State <u>CA</u> Zip Code _____ | No. Cylinders <u>8</u> | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection |
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control |
| <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> 1-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Drive Train | Vehicle Type | Body Style | |
| <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck | |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
| Component | Part Name(s) | Location | Failed Part(s) |
| <u>01300000</u> | <u>STEERING:POWER ASSIST</u> | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures | Date(s) of Failure(s) | Failed Part(s) | NHTSA Previously |
| <u>? a lot</u> | <u>01-AUG-2000</u> <u>Mileage at Failure(s) <u>20000</u> SINCE NEW</u> Vehicle Speed at Failure(s) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| APPLICATION INCIDENT INFORMATION | | | |
| (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form) | | | |
| Crash | Fire | Number of Persons Injured | Number of Fatalities |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>0</u> | <u>0</u> |
| Estimated Property Damage | Reported to Police | | |
| <u>0</u> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) | | | |
| WHEN BACKING UP OR DRIVING AT VERY SLOW SPEEDS AND TURNING POWER STEERING WILL NOT WORK. DEALER COULD NOT FIND A PROBLEM.*AK <u>usually when it happens I am sitting still and trying to turn for a parking space. There is NO power assist at that time. It is not all the time but it does happen a lot.</u> | | | |
| CONTINUE ON BACK IF NEEDED | | | |
| 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. | | | |