



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

08-APR-2002

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

Reference No.

8007016

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>(Locate at bottom of and/or on driver's side)</small> ADD	Vehicle Make CHEVROLET TRUCK	Vehicle Model TAHOE	Vehicle Year 1998	Current Odometer Reading		
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 checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 05150000	Part Name(s) ENGINE:OTHER PARTS	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-DEC-2001 Mileage at Failure(s) 72000 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER HEARD A LOUD KNOCKING WHILE DRIVING. DEALER DETERMINED THAT MAIN ENGINE BEARING FAILED. METAL PARTICLES WERE FOUND IN ENGINE OIL.*AK

COPIED FROM NHTSA FORM 101

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 Vehicle Owner's Questionnaire (VOQ) NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		Date Received 08-APR-2002 DEFECTS INVESTIGATION Reference No. 8007016	
OWNER INFORMATION (Type or Print)			
[REDACTED]		747243	
KERNERSVILLE		NC [REDACTED]	
Do you authorize NHTSA to send a copy of your report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
In the absence of an address to the vehicle manufacturer, Signature of Owner [REDACTED] Date 4/27/02			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) ADD 16NEK13R1WR123916		Vehicle Make CHEVROLET TRUC	
		Vehicle Model TAHOE	
		Vehicle Year 1998	
		Current Odometer Reading 72,000	
Purchase Date		Dealer's Name Flow Cheng	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		City Winston Salem	
		State NC	
		Zip Code 27103	
Engine Siz (CID/CC/L)		<input type="checkbox"/> Turbo	
No Cylinders		<input type="checkbox"/> Diesel	
		<input type="checkbox"/> Gas	
		<input type="checkbox"/> Fuel Injectio	
Transmission Type		Antilock Brakes	
<input type="checkbox"/> Manual		<input type="checkbox"/> Yes	
<input checked="" type="checkbox"/> Automatic		<input checked="" type="checkbox"/> No	
Restraint System		Cruise Control	
<input checked="" type="checkbox"/> 3-Point Belt		<input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> Motorbelt		<input type="checkbox"/> No	
<input checked="" type="checkbox"/> Driverside Airbag		Drive Train	
<input type="checkbox"/> 2-Point Belt		<input type="checkbox"/> Front	
<input type="checkbox"/> Passengerside Airbag		<input type="checkbox"/> Rear	
		<input checked="" type="checkbox"/> 4-Wheel	
Vehicle Type		Body Style	
<input type="checkbox"/> Car		<input checked="" type="checkbox"/> Sport Lift	
<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 checked="" type="checkbox"/> 4-Door	
		<input type="checkbox"/> Stationwagon	
		<input checked="" type="checkbox"/> Pick Up	
		<input type="checkbox"/> Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05150000		Part Name(s) ENGINE:OTHER PARTS	
		Location	
		<input type="checkbox"/> Left <input type="checkbox"/> Right	
		<input type="checkbox"/> Front <input type="checkbox"/> Rear	
		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures 1		Date(s) of Failure(s) 01-DEC-2001	
		Mileage at Failure(s) 72000	
		Vehicle Speed at Failure(s)	
		Failed Part(s) <input checked="" 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		Fire	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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 type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
CONSUMER HEARD A LOUD KNOCKING WHILE DRIVING. DEALER DETERMINED THAT MAIN ENGINE BEARING FAILED. METAL PARTICLES WERE FOUND IN ENGINE OIL.*AK			

CONTINUE ON BACK IF NEEDED

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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Engine Bearing Failure / Metal particles in
oil - Repair Cost \$5,000

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

OCR#1 GSD 06/11/02 15-07

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



20590+000



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

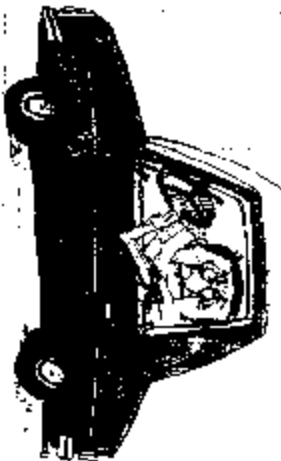
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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