

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

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 335

Date Received

24-AUG-2000
 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

868536**OWNER INFORMATION (Type or Print)**

DIJANE **LOCKE** **630088**
14809 SE. 79TH ST.,
CHOCTAW **OK** **73020**

Work Number

Home Number **405-336-2989**

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>(located at bottom of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|--|--------------|---------------|--------------|--------------------------|
| | | | | |

| | |
|---|---|
| <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 335</p> <p style="font-size: 2em; opacity: 0.5;">RESERVED</p> <p>SEP 12 AM 11:01 24 AUG 2000</p> <p>OFFICE OF DEFECTS INVESTIGATION</p> |
|---|---|

| | |
|--|--------------------------------|
| OWNER INFORMATION (Type or Print) | Reference No. 868536 |
| [Redacted] | Work Number |
| 630088 | Home Number |

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: 9/5/00

VEHICLE INFORMATION

| | | | | |
|--|---|-------------------------------|----------------------------------|--|
| Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small> 1GNEK13R1WJ364258 | Vehicle Make CHEVROLET TRU | Vehicle Model TAHOE | Vehicle Year 1998 | Current Odometer Reading 41,000 |
| Purchase Date 6/99 | Dealer's Name Bob HOWARD | | Engine Size (CID/CYL) 350 | <input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used | City Edmond State OK Zip Code _____ | No Cylinders 8 | | |

| | | | | | | |
|---|--|---|---|---|--|--|
| 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 Belt <input type="checkbox"/> Passengerside Airbag | Cruise Control <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <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 03250000 | Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM | 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 0 | Date(s) of Failure(s) 24-AUG-2000 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) 0 | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured 0 | Number of Fatalities 0 | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------------------|----------------------------------|---------------------------|---|

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

SOMETIMES IT FEELS LIKE AIR IS IN THE BRAKE LINE. WHEN PUTTING ON BRAKES CONSUMER CAN FEEL THE PAD. BUT IT WON'T STOP. ALSO, WHEN GOING OVER A SERIES OF BUMPS, VEHICLE WON'T STOP.*AK

CHEVROLET NOTIFIED Followup # C01363412

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 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.