

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 125

Date Received

19-SEP-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

870863

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
1GNEK13RXTJ391941	CHEVROLET TRU	TAHOE	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertia Belt <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10312000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes No
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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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WINDSHIELD WIPERS BECOME INOPERABLE IN RAINY CONDITIONS DUE CRACKS IN THE SOLDER JOINT. VEHICLE NOT INCLUDED IN RECALL 98V150001 DUE TO VIN. PLEASE GIVE ANY FURTHER DETAILS. *AK

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 125 Date Received: <u>01 OCT 10 AM 8:50</u> <u>19-SEP-2000</u> OFFICE DEFECTS INVESTIGATION</p>	
<p>OWNER INFORMATION (Type or Print)</p>				<p>Reference No. 870863</p>	
<p>640035</p>				<p>Work Num: [REDACTED] Home Number: <u>same</u></p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of an authorized signature of the manufacturer.</p>				<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date <u>10/1/2000</u></p>	
<p>Signature of Owner: [REDACTED]</p>					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p>		<p>Vehicle Make</p>	<p>Vehicle Model</p>	<p>Vehicle Year</p>	<p>Current Odometer Reading</p>
<p>1GNEK13RXTJ391941</p>		<p>CHEVROLET TRU</p>	<p>TAHOE</p>	<p>1996</p>	<p>49,613</p>
<p>Purchase Date <u>5/1999</u></p>		<p>Dealer's Name <u>MIKE DUMAN AUTO SALES</u></p>		<p>Engine Size (CID/CC/L) <u>8</u></p>	
<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>City <u>SUFFOLK</u> State <u>VA</u> Zip Code <u>23434</u></p>		<p>No Cylinders <u>8</u></p>	
<p>Transmission Type</p>	<p>Antilock Brakes</p>	<p>Restraint System</p>		<p>Cruise Control</p>	<p>Drive Train</p>
<p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p>		<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Wheel</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. <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p><input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p>			
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component <u>10312000</u></p>	<p>Part Name(s) <u>VISUAL SYSTEMS: WINDSHIELD WIPER MOTOR</u></p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures <u>5+</u></p>	<p>Date(s) of Failure(s) <u>6, 7, 8, 9/2000</u> Mileage at Failure(s) <u>0, 56, 0, 15, 5</u> Vehicle Speed at Failure(s) _____</p>		<p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<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>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>WINDSHIELD WIPERS BECOME INOPERABLE IN RAINY CONDITIONS DUE CRACKS IN THE SOLDER JOINT. VEHICLE NOT INCLUDED IN RECALL 98V150001 DUE TO VIN. PLEASE GIVE ANY FURTHER DETAILS. *AK</p>					
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