 U.S. Department of Transportation National Highway Traffic Safety Administration	<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	<b>FOR AGENCY USE ONLY</b> 156	
	Date Received  <b>09-JAN-2001</b>	Od_or _____ r_dt _____ od_rl _____ up_tr _____	Reference No.  <b>877756</b>
<b>OWNER INFORMATION (Type or Print)</b>  [Redacted]		665704	Work Number [Redacted] Home Number [Redacted]

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.) (Located at bottom of windshield on driver's side) <b>PLEASE FILL IN</b>	Vehicle Mak <b>CHEVROLET TRUC</b>	Vehicle Mode <b>TAHOE</b>	Vehicle Year <b>1998</b>	Current Odometer Reading
Purchase Date	Dealer's Name _____	Engine Siz (CID/CC) _____	<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 <input type="checkbox"/> Manual <input 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 type="checkbox"/> Yes <input checked="" 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 Ult <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 <input checked="" type="checkbox"/> Truck		

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component: <b>07460000</b>	Part Name(s) <b>POWER TRAIN: AXLE ASSEMBLY</b>	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 Failures	Date(s) of Failure(s) <b>29-DEC-2000</b> Mileage at Failure(s) <b>50</b> 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**PIN IN REAR AXLE SNAPPED. HEARD A CLUCKING NOISE WHICH SEEMED A SIF REAR END COULD FALL OFF. DEALER UNWILLING TO FIND CAUSE OF DEFECT. CONSUMER HAD OLD PARTS. PLEASE PROVIDE FURTHER INFORMATION. \*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.

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	<b>FOR AGENCY USE ONLY</b> 156	
	Date Received 01 FEB - 5 01 3 09-JAN-2001 OFFICE DEFECTS INVESTIGATION	Od. or rt. rt od. rt up. ltr	Reference No. 877756
OWNER INFORMATION (Type or Print)		Work Number	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 1/13/01

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
PLEASE FILL IN	CHEVROLET TRU	TAHOE	1998	51,000		
Purchase Date	Dealer's Name <u>ARNOLD CHAU</u>		Engine Size (CID/CC)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Amityville</u> State <u>NY</u> Zip Code _____		No. Cylinders <u>8</u>			
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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 Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>Q7480000</u>	Part Name(s) <u>POWER TRAIN: AXLE ASSEMBLY</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <u>1</u>	Date(s) of Failure(s) <u>29-DEC-2000</u> Mileage at Failure(s) <u>50</u> Vehicle Speed at Failure(s) <u>40 mph</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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 <u>—</u>	Number of Fatalities <u>—</u>	Estimated Property Damage <u>\$1200.—</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
<p>PIN IN REAR AXLE SNAPPED. HEARD A CLUCKING NOISE WHICH SEEMED A SIF REAR END COULD FALL OFF. DEALER UNWILLING TO FIND CAUSE OF DEFECT. CONSUMER HAD OLD PARTS. PLEASE PROVIDE FURTHER INFORMATION. *AK my wife takes Tahoe to work every day (5) about 12 miles one way. Coming home one day from work, heard a knock at rear of Tahoe. She heard it on a straight run of road NOT AT A TAKE OFF. THE TAHOE IS NOT ABUSED, I TAKE GOOD CARE OF IT. CHANGE OIL EVERY 2500 MILES AND ALWAYS GREASE AND CHAM</p>

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I AM VERY DISAPPOINTED, THIS SHOULD NOT HAVE HAPPENED  
 THANK YOU  
 Tom West