 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 738</b>	
	Date Received 10-JAN-2001	Od_or _____ rt_dt _____ od_rt _____ up_itr _____	Reference No. 877917
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] 666106		Work Number _____ 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) N/A	Vehicle Mak CHEVROLET TRUC	Vehicle Mode TAHOE	Vehicle Year 2000	Current Odometer Reading
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Siz (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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Contro <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Trai <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____		Sport Ut Truck Motorcycle		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 02000000	Part Name(s) SUSPENSION	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
No of Failures	Date(s) of Failure(s) 01-JAN-2000 Mileage at Failure(s) 12 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 Fatalitie	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
CONSUMER WAS HAVING ALIGNMENT PROBLEM. CONTACTED DEALER, AND THEY SAID NOTHING COULD BE DONE. AFTER TRYING THIRD DIFFERENT DEALER SHIPS PROBLEM WAS TAKEN CARE OFF. BUT, SOON AFTER CONSUMER LEFT DEALERSHIP, PROBLEM AROSE AGAIN. VEHICLE DRIFTED FROM SIDE TO SIDE. *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 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</p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY 798</b></p>	
	<p>OWNER INFORMATION (Type or Print)</p> <p>668106</p>	<p>Date Received <u>10-JAN-2001</u></p> <p>OFFICE DEFECTS DIVISION</p>	<p>Ord. or rt. dt od. no up. ltr</p>

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 1/27/01

VEHICLE INFORMATION								
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>N/A</u>	Vehicle Make <u>CHEVROLET TRU</u>	Vehicle Model <u>TAHOE</u>	Vehicle Year <u>2000</u>	Current Odometer Reading <u>13,000</u>				
Purchase Date <u>7/2/00</u>	Dealer's Name <u>Timmers Chevrolet</u>		Engine Size (CID/C/L) <u>5.3L</u>	<input type="checkbox"/> Turbo				<input type="checkbox"/> Diesel
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Morecross</u>	State <u>GA</u>	Zip Code <u>30092</u>	No. Cylinders <u>8</u>				<input checked="" type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" 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 checked="" 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 Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		Body Style <input checked="" type="checkbox"/> 2-Door <input 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>02000000</u>	Part Name(s) <u>SUSPENSION</u>	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 <u>Unresolved</u>	Date(s) of Failure(s) <u>01-JAN-2000</u>	Mileage at Failure(s) <u>12</u>	Vehicle Speed at Failure(s)
Failed Part(s) Available?		NHTSA Previously Contacted?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" 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 Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
<p>CONSUMER WAS HAVING ALIGNMENT PROBLEM. CONTACTED DEALER, AND THEY SAID NOTHING COULD BE DONE. AFTER TRYING THIRD DIFFERENT DEALER SHIPS PROBLEM WAS TAKEN CARE OFF. BUT, SOON AFTER CONSUMER LEFT DEALERSHIP, PROBLEM AROSE AGAIN. VEHICLE DRIFTED FROM SIDE TO SIDE. *AK</p>

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