



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 241

Date Received

18-OCT-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

897952

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>(Location at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
PLEASE FILL IN	CHEVROLET TRUCK	TAHOE	2000	

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

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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	<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 Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 02780000	Part Name(s) TIRES:EMERGENCY SPARE TIRE	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	Date(s) of Failure(s) 12-OCT-2001 26000 Mileage 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)

UNABLE TO GET EMERGENCY SPARE TIRE DOWN FROM UNDERNEATH VEHICLE. DEALER AND MANUFACTURER WERE NOTIFIED, AND UNWILLING TO ASSIST IN THIS MATTER. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION ON THIS PROBLEM. *AK

COPIES OF THIS FORM ARE:

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
Vehicle Owner's Questionnaire (VOQ)
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241	
Date Received: <u>10/17</u> 18-OCT-2001	Old or replaced? <u>NO</u> od_r repl od_r up_itr
Work Number	Reference No. 897952
Home Number	

OWNER INFORMATION (Type or Print)

[Redacted Name and Address]

721586

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA will not provide your name and address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 11/5/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make CHEVROLET TRU	Vehicle Model TAHOE	Vehicle Year 2000	Current Odometer Reading 28,995
Purchase Date 4-01	Dealer's Name Carmax		Engine Size (CID/CC/L)	Turbo Diesel Gas Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City Houston State TX	Zip Code	No. Cylinders	
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 type="checkbox"/> No	Drive Trail <input type="checkbox"/> Front <input checked="" 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	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 02780000	Part Name(s) TIRES:EMERGENCY SPARE TIRE	Location <input checked="" type="checkbox"/> Left Front <input type="checkbox"/> Right Front <input type="checkbox"/> Left Rear <input type="checkbox"/> Right Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 1	Date(s) of Failure(s) 12-OCT-2001	Mileage at Failure(s) 26000	Vehicle Speed at Failure(s) 35 mph
		Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 0	Number of Fatalities 0	Estimated Property Damage 1 tire	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)

UNABLE TO GET EMERGENCY SPARE TIRE DOWN FROM UNDERNEATH VEHICLE. DEALER AND MANUFACTURER WERE NOTIFIED, AND UNWILLING TO ASSIST IN THIS MATTER. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION ON THIS PROBLEM. *AK

Since it is still under warranty, the dealer & manufacturer will assist in the matter. Taking it in this week.

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