



U.S. Department of Transportation  
National Highway Traffic Safety Administration

Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.  
CORRECT MARK: ●

### FOR AGENCY USE ONLY

Date Received <b>7/13/00</b>	Qd-or _____
Reference No.	n-dt _____
	ad-rt _____
	up-tr _____

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?

Yes  
 No

**X**  
SIGNATURE OF OWNER

DATE

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) Located at bottom of windshield on driver's side <b>1GNEK13T4YJ154896</b>	VEHICLE MAKE <b>Chevy</b>	VEHICLE MODEL <b>Tahoe</b>	MANUFACTURE DATE	MODEL YEAR <b>2000</b>
VEHICLE MANUFACTURER <input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other _____ <input type="radio"/> Daimler/Chrysler <input checked="" type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW				
PURCHASE DATE <b>5-20-2000</b>	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME <b>Parks Chevy</b>	CITY <b>Charlotte</b>	STATE <b>NC</b>
ENGINE SIZE (CID/COIL) <b>5.4</b>	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input checked="" type="radio"/> Yes <input type="radio"/> No
NO. CYLINDERS <b>8</b>	RESTRAINT SYSTEM <input checked="" type="radio"/> Driverside Airbag <input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No		
DRIVETRAIN <input type="radio"/> Front <input checked="" type="radio"/> 4-Wheel <input type="radio"/> Rear	VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Van <input checked="" type="radio"/> Sport Utility <input type="radio"/> Motorcycle	DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon	

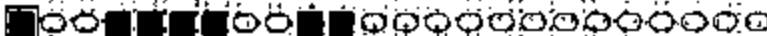
### FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilator <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other <b>Tires</b>	NO. OF FAILURES <b>1</b>	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <b>5-27-2000</b>	TIRE NAME <b>Firestone</b>	COMPLETE TIRE SIZE <b>P265-70R16</b>
	MILEAGE AT INCIDENT <b>506</b>	TIRE BRAND <b>WILDCHESS LE</b>	
	VEHICLE SPEED AT INCIDENT <b>65</b>	<input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input checked="" type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____	
FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement			
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input type="radio"/> No	FAILED PART(S) AVAILABLE? <input type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input type="radio"/> No	

### APPLICABLE 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="radio"/> Yes <input type="radio"/> No	NUMBER OF PERSONS INJURED <b>0</b>	CAUSE OF INCIDENT <input type="radio"/> Wear/Comrades/Rust <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fell Off <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Locker/Sticks/Graze <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input type="radio"/> No	NUMBER OF FATALITIES <b>0</b>		

PLEASE DO NOT WRITE IN THIS AREA



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**Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.**

The first time I drove car  
at highway speed of 65 miles  
per hour within 1 minute  
the left rear tire comes  
completely off of arm.

Continue on additional page if necessary.

**Describe any additional incidents. (include date and mileage)**

The Privacy Act of 1976—Public Law 94-579 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

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HS Form 350 (Rev. 8/99)

Complete and return or place in your car manual for future use



U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

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Official Business  
Penalty for Private Use \$300

# VEHICLE OWNER'S QUESTIONNAIRE (V00Q)

## DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

### DASH 2 DOT

and dial toll free at

## 1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline  
(DASH) 2 DOT



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[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)