



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.nhtea.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.

CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received 7-10-00	Order _____
Reference No.	od-r _____
	od-t _____
	od-b _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

Manufacturer of your vehicle: _____
 Signature of Owner: _____
 Date: _____

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)				VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1GNEK18K6S5300402				Chevrolet	Tahoe		1995
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	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME		CITY	STATE	ZIP CODE	
10/94		D+C Chevrolet		Tenafly	NJ	07670	
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM		CRUISE CONTROL
NO. CYLINDERS <u>8</u>	<input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	<input type="radio"/> Diesel <input checked="" type="radio"/> Gas	<input type="radio"/> Manual <input checked="" type="radio"/> Automatic	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Driver-side Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Passenger-side Airbag <input type="radio"/> Motorist <input type="radio"/> 3-Point Belt		<input checked="" type="radio"/> Yes <input type="radio"/> No
DRIVETRAIN		VEHICLE TYPE			DOORS	BODY STYLE	
<input type="radio"/> Front <input checked="" type="radio"/> 4-Wheel <input type="radio"/> Rear		<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			<input checked="" type="radio"/> 2-Door <input type="radio"/> 4-Door	<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 Sec. <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/Ventilation <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 checked="" type="radio"/> Other <u>Battery</u>	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT	TIRE BRAND	
	VEHICLE SPEED AT INCIDENT	<input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____	
HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE?	NHTSA PREVIOUSLY CONTACTED?	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" 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	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> 0 ● 1 2 3 4 5 6 7 8 9		
	FIRE	NUMBER OF FATALITIES		
	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> 0 ● 1 2 3 4 5 6 7 8 9		

PLEASE DO NOT WRITE IN THIS AREA



01670

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

Battery leaks acid and has caused corrosion of several electrical components, brake lines, and metal and paint of engine compartment.

I'm not sure if it is related, but I have detected a decrease in braking power recently.

Continue on additional page if necessary.

Describe any additional incidents. (include date and mileage)

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 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.

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HS Form 350 (Rev. 8/99)

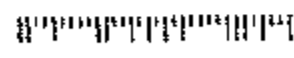


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POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

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

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



VEHICLE OWNER'S QUESTIONNAIRE (VOQ)



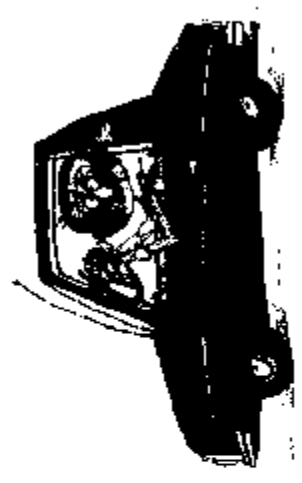
DOT AUTO SAFETY HOTLINE

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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Administration

www.nhtsa.dot.gov/hotline

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National Highway Traffic Safety Administration
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