



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

DOT Auto Safety Hotline

**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received: 30-DEC-2002  
Repository:   
Reference No.: 10001629  
OFFICE DEFECTS INVESTIGATION

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: ANN ARBOR State: MI Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]  
Evening Telephone Number: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: \_\_\_\_\_ Date: 1/1

VEHICLE INFORMATION

17 digit vehicle identification number (located on hood or door): 1GNDT13W7W2254873  
Make: CHEVROLET Model: BLAZER Model Year: 1998  
Date Purchased: Feb. 2001 Dealer's Name and Telephone Number: Rumpy Chevrolet (734) 663-3321 Engine: No. Cylinders: 6 Fuel Type:  
Original Owner:  Dealer's City: Ann Arbor, State: MI Zip Code: 48103  
Transmission Type: Automatic  Antilock Brakes  Cruise Control Powertrain: \_\_\_\_\_ Vehicle Component Code: 220000 SEATS Multiple Failure: Yes

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 30-SEP-2002 Failure Mileage: 85000 Failure Speed: N/A

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: \_\_\_\_\_ Tire Model (Name or Number): \_\_\_\_\_ Tire Size (Example P215/65R15): \_\_\_\_\_  
DOT No. (Example: DOTM1SABC036): \_\_\_\_\_  Original Equipment  Prior Repair Failure Location: \_\_\_\_\_  
Tire Component Code: \_\_\_\_\_ Tire Failure Type: \_\_\_\_\_

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: \_\_\_\_\_ Date Manufactured: \_\_\_\_\_ Model No./Name: \_\_\_\_\_  
Seat Type: \_\_\_\_\_ Installation System: \_\_\_\_\_  
Child Seat Component Code: \_\_\_\_\_ Failed Part: \_\_\_\_\_

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash:  Yes  No Fire:  Yes  No Number of Persons Injured: \_\_\_\_\_ Number of Deaths: \_\_\_\_\_ Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE DRIVER LIFTED THE HANDLE TO RECLINE THE PASSENGER SIDE SEAT AND THE HANDLE BROKE, WITHOUT USING EXCESSIVE FORCE. A WEEK LATER THE DRIVER SIDE HANDLE BROKE ALSO. THERE IS A TIS BULLETIN (220801) FOR THIS PROBLEM. PLEASE PROVIDE MORE DETAILS. TS

\$365.09 Spent to replace 2 addl. handles

Prior to our ownership, the driver side handle was replaced with a new handle at 56,738 miles. The same handle <sup>and the other</sup> broke again at 90,000 miles <sup>around</sup>. THAT'S 34,000 miles later. It's expected to last longer than that !!

The passenger side seat handle broke <sup>also</sup> and the pass. seat is RARELY USED !!

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-502 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

HANDLES HAVE BEEN REPLACED 3 TIMES SINCE PURCHASE

THE HANDLES ARE DEFECTIVE AND A BAD DESIGN.  
TIS BULLETIN 220801

I EXPECT Chevy/GM to pay for the defective parts due to their bad design. I would like to pursue civil remedies.

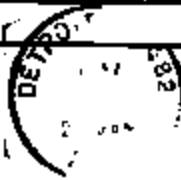
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73175 WASHINGTON, D.C.

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

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

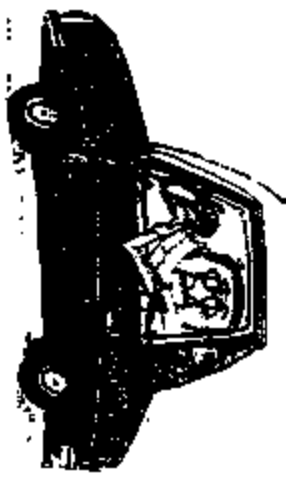
**DASH2DOT**

and dial toll free at

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(DASH) 2 DOT



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**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**