



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

Repository

03-JAN-2003

Reference No.  
10001918

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: SHELBY TOWNSHIP State: MI Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]  
Evening Telephone Number: [REDACTED]

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of [REDACTED] provide your name or address to the vehicle manufacturer.  
Signature of Owner: [REDACTED] Date: 1/12/03

**VEHICLE INFORMATION**

1. List Vehicle Identification Number Located at bottom of windshield on driver's side: **IGNOT13W2X2144055**  
Make: CHEVROLET Model: BLAZER Model Year: 1999  
Date Purchased: 9/28/01 Dealer's Name and Telephone Number: **BUFF WHELAN CHEVROLET** Engine: No. Cylinders: 6 Fuel Type: NO LEAD  
Original Owner:  Dealer's City: STERLING HEIGHTS State: MI Zip Code: 48313  
Transmission Type: AUTO  Antilock Brakes Powertrain: 4.3L Vehicle Component Code: 181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL  
 Cruise Control Multiple Failure: CONTINUOUS

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

Incident Date(s): 23-DEC-2002 Failure Mileage: 32,000 Failure Speed: ALL SPEEDS

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]  
DOT No. (Example: DOTM19ABC036): [REDACTED]  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

**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: [REDACTED] Number of Deaths: [REDACTED] 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).

CONSUMER STATED THAT THE ACCELERATOR STICKS UNEXPECTEDLY. TS  
ACCELERATOR STICKS MAKING IT DIFFICULT TO CONTROL SPEED.  
WHEN PARKING CAR OR IN REVERSE TRYING TO BACK OUT OF A  
PARKING SPOT - THE CAR DOES NOT CREEP VERY WELL AND  
BECAUSE PEDAL AND/OR CABLE STICKS THE CAR ACCELERATES  
TOO FAST WHEN PRESSING PEDAL - MUST KEEP LEFT FOOT  
ON BRAKE PEDAL TO SLOW VEHICLE DOWN. ACCELERATOR  
ALSO STICKS ON COAST DOWN FROM HI-WAY SPEEDS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.