



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: July 10, 2003
Reference No.: 10027188
Del-or: _____
ret: _____
cd-r: _____
up-ir: _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

NAME: _____

STREET NO. _____ APT. NO. _____

NORTH HUNTINGDON, PA

CITY _____ STATE _____

ENTER ZIP CODE _____

ZIP CODE - 5 _____ AREA CODE _____

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 and address to the vehicle manufacturer.

SIGNATURE OF OWNER: _____ DATE: 6-30-03

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) Located at bottom of windshield on driver's side <u>1GM0T13W4W2107412</u>	VEHICLE MAKE <u>CHEVY</u>	VEHICLE MODEL <u>BLAZER</u>	MANUFACTURE DATE <u>?</u>	MODEL YEAR <u>1998</u>
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other _____ <input type="checkbox"/> Daimler/Chrysler <input checked="" type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z
PURCHASE DATE <u>12-29-97</u>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	DEALER'S NAME <u>VICTORY (DAN JOHNSON)</u>	CITY <u>JEANETTE</u>	STATE <u>PA</u>
ENGINE SIZE <u>VORTEC 4300</u>	FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	TRANSMISSION TYPE <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	ANTI-LOCK BRAKES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NO. CYLINDERS <u>6</u>	RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driver-side Airbag <input checked="" type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 3-Point Belt		CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
DRIVE/VEHICLE TYPE <input type="checkbox"/> Front <input checked="" type="checkbox"/> 4-Wheel <input type="checkbox"/> Rear	VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other _____ <input type="checkbox"/> Van <input checked="" type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle		DOORS <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input checked="" type="checkbox"/> Visual Systems <input checked="" type="checkbox"/> Other <u>wiper blades</u>	NO. OF FAILURES <u>3 OCCASIONALLY</u>	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <u>(LAST) JUNE 19, 2003</u>	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT <u>40,000 miles</u>	TIRE BRAND	
	VEHICLE SPEED AT INCIDENT <u>Before moving this time</u>	<input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF PERSONS INJURED <u>1</u>	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Out/Torn <input type="checkbox"/> Disconnect/Fall Off <input checked="" type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Loose <input checked="" type="checkbox"/> Short ? <input type="checkbox"/> Looks/Sluts/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input checked="" type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <u>0</u>		

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

ONE FREQUENT OCCASIONS -
MORE FREQUENTLY LATELY;
WHEN IN USE, THE WIPER
BLADES STOP MID SWEEP.
THIS HAS HAPPENED ON
BUSY HIGHWAY DRIVING
AND IN RAINY SITUATIONS
ON WINDING MOUNTAIN ROADS.

WE HAVE LEARNED THROUGH
OUR MECHANIC TO STOP
CAR - PUT UP HOOD - TAP
AHEAD UNDER HOOD ON WIPER
SYSTEM TO RE-START.

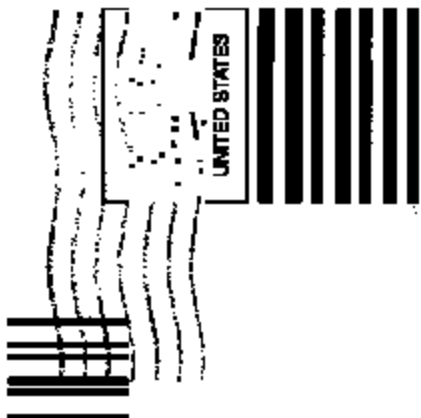
THIS IS VERY DANGEROUS ON
ANY ROAD - esp. ON BUSY
HIGHWAYS. I AS AN OLDER
FEMALE FIND THIS TO BE
ESPECIALLY DANGEROUS WHEN
DRIVING ALONE AND/OR AT
NIGHT WHICH I WILL BE
DRIVING MUCH MORE OFT.

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

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.

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HS Form 350 (Rev. 8/98)



SS REPLY MAIL

PERMIT NO. 79173 WASHINGTON, D.C.

ID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

Department of Transportation
National Highway Traffic Safety Administration
NHTSA
NHTSA-10.01

1, SW JC 20590

Cont'd.

A simple solution could
prevent a tragic accident
and possible legal action.
Recalls were made for
this same problem for
1997 - Why not 1998
vehicles?

DEALER WAS NOTIFIED
TWO TIMES.

U.S. DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
400 S.W. WASHINGTON
OFFICIAL E-MAIL PERMIT 1



VEHICLE OWNER QUESTIONNAIRE (VOLUNTARY)

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



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

www.nhtsa.dot.gov/hotline

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