



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

FOR AGENCY USE ONLY 1368

Date Received  
M 9:04  
05-SEP-2003

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**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: CHILLICOTHE State: OH Zip Code: [REDACTED]

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

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorized signature, NHTSA will NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner: [REDACTED] Date: 9/19/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GNCT18W9WK254720  
Make: CHEVROLET Model: BLAZER Model Year: 1998  
Date Purchased: Dealer's Name and Telephone Number: Engine: No. Cylinders: Fuel Type:  
Original Owner:  Dealer's City: State: Zip Code:  
Transmission Type:  Antilock Brakes Powertrain: Vehicle Component Code: 136200 VISIBILITY: WINDSHIELD WIPER/WASHER: MOTOR  
 Cruise Control Multiple Failure: 1

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

Incident Date(s): 01-SEP-2003 Failure Mileage: 3637 Failure Speed:

**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: DOTM18ABC036)  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(s), parts repaired or replaced (and if old part is available).

WHILE DRIVING IN RAINY WEATHER WINDSHIELD WIPERS WOULD FAIL TO WORK PROPERLY. THIS WAS AN INTERMITTENT PROBLEM. HAD TAKEN VEHICLE TO DEALERSHIP, AND MECHANIC INDICATED THAT PROBLEM COULD NOT BE DISPERSED BECAUSE OF A LACK OF PART \*AK  
CALLED A [REDACTED] CORRECTED RECALL.  
STATED I DO NOT FALL INTO A 'RECALL' CATEGORY.  
WIPERS OFTEN DO NOT ENGAGE.  
WIPERS OFTEN WILL NOT TURN OFF WHEN SWITCHED TO "OFF" POSITION.

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