



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 111

Date Received: **2003 OCT 21 AM 10:43**
Repository:
Reference No.: 10040501

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: FARGO State: ND Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening Telephone Number: [Redacted]
E-mail Address: [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: 10/21/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: [Redacted]
Make: CHEVROLET Model: BLAZER Model Year: 1998
Date Purchased: Oct 2001 Dealer's Name and Telephone Number: [Redacted]
Original Owner: Dealer's City: [Redacted] State: [Redacted] Zip Code: [Redacted]
Engine: No. Cylinders: 6 Fuel Type: Reg Unleaded
Transmission Type: AUTOMATIC Antilock Brakes Powertrain: [Redacted] Cruise Control
Vehicle Component Code: 072100 FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP
Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): Aug Failure Mileage: 79000 Failure Speed: 65-75 Fuel Pump

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: DOTM4LSABC036) 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).

TRUCK IMMEDIATELY STALLED WHILE TRAVELING HIGHWAY SPEEDS 65-75 MPH DUE TO FUEL PUMP FAILING. THE TRUCK WAS PUT IN THE SHOP THREE TIMES BEFORE A DIAGNOSIS WAS MADE. CONSUMER WAS APPALLED THAT THERE WAS NO WARNING DEVICE TO ACKNOWLEDGE TO THE OWNER THAT FUEL PUMP FAILED. *AK
twice

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-578) 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)

Car was in a dealer Authorized repair shop a total of 3 times = twice for engine failing while in motion - was that repair shops were not able to locate problem till the last time it was in the shop-

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 73173 WASHINGTON, D.C.

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

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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DOT AUTO SAFETY HOTLINE

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COMPLETE THIS FORM
ON

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and dial toll free at

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(DASH) & DOT



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