


DOT Auto Safety Hotline				FOR AGENCY USE ONLY 252	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4238) INTERNET: www.nhtsa.dot.gov/hotline		Date Received	Repository <input type="checkbox"/>
				02-MAR-2004	2004 JPM Reference No. 4 10061203
OWNER INFORMATION (Type or Print)				Evening Telephone Number	E-mail Address
Name					
Address					
City	GLENDALE	State	AZ	Zip Code	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner				Date	
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side PLEASE FILL IN		Make	Model	Model Year	
1GNCS13W812162498		CHEVROLET	BLAZER	2001	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
APRIL 2003	LARRY MILLER 623-816-4554		No. Cylinders		
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	
	PEORIA		AZ	85382	
Transmission Type	<input type="checkbox"/> Anti-lock Brakes	Powertrain	Vehicle Component Code		
	<input type="checkbox"/> Cruise Control		136200 VISIBILITY:WINDSHIELD WIPER/WASHER:MOTOR		
			Multiple Failure: 2		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s)	Failure Mileage	Failure Speed	Failure Description		
02-MAR-2004	33540		136200 WINDSHIELD WIPER/WASHER MOTOR		
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: DOTM15ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Post 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(es).)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police	
		0	0	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).					
*WHILE DRIVING IN INCLEMENT WEATHER WINDSHIELD WIPERS CAME ON AND OFF ON THEIR OWN. DEALER WAS AWARE OF THIS INTERMITTENT PROBLEM. *AK					
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.					

**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).**