

 <b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET <a href="http://www.nhtsa.dot.gov/hotline">www.nhtsa.dot.gov/hotline</a>		FOR AGENCY USE ONLY - 100222 Date Reported: 2004 SEP 14 11 52 AM 12-AUG-2004 Repository: <input type="checkbox"/> Reference No.: 10067785	
U.S. Department of Transportation National Highway Traffic Safety Administration		Name: _____ Address: _____ City: NORMAN State: OK Zip Code: _____ Daytime Telephone Number: _____ Evening Telephone Number: _____ E-mail Address: _____	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" 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: _____			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number: Located at bottom of windshield on driver's side 1GNDT13W2T2_____		Make: CHEVROLET	Model: BLAZER Model Year: 1996
Date Purchased: Oct 1998	Dealer's Name and Telephone Number: _____	Engine: _____ No. of Cylinders: _____	Fuel Type: Gas
<input type="checkbox"/> Original Owner	Dealer's City: St. Louis	State: MO Zip Code: _____	
Transmission Type: AUTOMATIC <input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain: 4 WHEEL DRIVE	Vehicle Component Code: 071100 FUEL SYSTEM, GASOLINE STORAGE-TANK ASSEMBLY Multiple Failure: 1	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Incident Date(s): 14-MAY-2003	Failure Mileage: 45000	Failure Speed: _____	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
Tire Make: _____	Tire Model (Name or Number): _____	Tire Size (Example P215/65R15): _____	
DOT No. (Example: DOTMA19A8C036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: _____	
Tire Component Code: _____		Tire Failure Type: _____	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make: _____	Date Manufactured: _____	Model No./Name: _____	
Seat Type: _____	Installation System: _____		
Child Seat Component Code: _____	Failed Part: _____		
<b>APPLICABLE INCIDENT INFORMATION</b>			
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)			
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: 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). THE ABS LIGHT ILLUMINATED AND THERE WAS A SMELL OF GAS. THE MANUFACTURER HAS BEEN CONTACTED AND THERE WAS A RECALL ON THESE ITEMS AND THEY HAVE BEEN REPAIRED PER THE MANUFACTURER. *JB ← The items were never repaired but someone reported that the items were repaired. The manufacturer refuses to pay for the recall items as someone has lied about the repairs being done. This is a used car, we do not know who the original dealer for this vehicle is, we do know it is from St. Louis, MO			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>			
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.			

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

- Windshield wipers motor broken - they work sporadically  
- Hatch back light comes on sporadically - interior light comes on off.

ADD ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20580

Official Business  
Penalty for Private Use \$300

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 78173 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 Defect Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20580



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration  
http://www.nhtsa.dot.gov/odiv

DOT Auto Safety Hotline  
(DASH) 2 DOT

**1-888-DASH-2-DOT**  
**1-888-327-4238**

**DASH2DOT**  
and dial toll free at

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DOT AUTO SAFETY HOTLINE**

**QUESTIONNAIRE**

**VEHICLE  
OWNER'S**