



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

2005

FOR AGENCY USE ONLY 100192

Date Received
11-7 PM 11:04
06-DEC-2004

Repository
Reference No.
10103133

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City SAUGERTIES State NY Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [Redacted]
Evening Telephone Number [Redacted]

Do you authorize [Redacted] to contact the manufacturer of your vehicle? YES NO
In the absence of [Redacted] signature or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 12/10/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GNCT18ZXN0 [Redacted] Make CHEVROLET Model BLAZER Model Year 1992
Date Purchased 3/98 Dealer's Name and Telephone Number MEYER CHEVROLET Engine: No. Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City MASPOETH NY 11378 NY Zip Code 11378
Transmission Type AUTOMATIC Antilock Brakes Powertrain 4 WHEEL DRIVE Vehicle Component Code 181000 VEHICLE SPEED CONTROL; ACCELERATOR PEDAL
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 27-NOV-2004 Failure Mileage 38250 Failure Speed 90

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make ORIGINAL Tire Model (Name or Number) [Redacted] Tire Size (Example P215/85R18)
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location:
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 0 Number of Deaths 0 Reported to Police Y

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).

CONSUMER'S VEHICLE WAS IN A LINE OF TRAFFIC WHEN THE VEHICLE SUDDENLY EXPERIENCED A SURGE IN ACCELERATION. THIS CAUSED THE VEHICLE TO REAR END ANOTHER VEHICLE. CONSUMER CONTACTED THE DEALER TO SEE IF THIS VEHICLE WAS RECALLED FOR ANY RELATED FAILURES. *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.

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

VEHICLE WAS "STOPPED" WITH FOOT ON
BRAKE WHEN VEHICLE ~~RE~~EXCELERATED
AND HIT CAR IN FRONT OF ME TOOK
TRUCK TO MECHANIC TO CHECK COMPUTED
AND LINKAGE NO PROBLEM OR CODE CAME
UP ON COMPUTER ON LINKAGE CALLED DEALER
THEY HAVE NO KNOWLEDGE OF PRIOR PROBLEM
PUT PROBLEM EXISTS

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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OWNER'S
QUESTIONNAIRE**

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TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

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and dial toll free at

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1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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