



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 100145

Date Received

Repository

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Reference No.

10115790

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City WHITE HALL State MD Zip Code _____

Daytime Telephone Number _____ 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GNDT13W7X7 Make: CHEVROLET Model: BLAZER Model Year: 1998
Date Purchased: _____ Dealer's Name and Telephone Number: Fox Chevrolet Engine: _____ No. of Cylinders: _____ Fuel Type: Gas
Original Owner: Dealer's City: Timonium MD State: MD Zip Code: 21093
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: _____ Vehicle Component Code: D34200 SERVICE BRAKES, HYDRAULIC; FOUNDATION COMPONENTS
Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 15-MAR-2005 Failure Mileage: 45000 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: DOTM18ABC038): _____ 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: 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 STATED THAT THE FRONT BRAKE LINES RUSTED EXCESSIVELY. THE CAUSE HAS YET TO BE DETERMINED. *AK

I HAVE BEEN A MECHANIC FOR 45 YEARS AND NEVER SEEN BRAKING RUST THIS BAD ON A 5 YEAR OLD CAR. GM WILL NOT DO ANYTHING. THIS TRUCK IS DANGEROUS TO DRIVE

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.