



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 100148

Date Received

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10125279

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: MOUNTAIN TOP State: PA Zip Code: [REDACTED]

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: 7/11/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GNCT16W [REDACTED]
Make: CHEVROLET Model: BLAZER Model Year: 1997
Date Purchased: _____ Dealer's Name and Telephone Number: _____ Engine: No. Cylinders: 6 Fuel Type: GAS
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: 4 WHEEL DRIVE
Vehicle Component Code: 136200 VISIBILITY:WINDSHIELD WIPER/WASHER:MOTOR
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 20-APR-2005 Failure Mileage: 65000 Failure Speed: _____
W: WIPERS DON'T WORK WHEN IT RAINS
INFERIOR BALL JOINTS

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: DOTM19ABC036): _____ 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), condition(s), and subject(s).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: _____

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).

DT: OWNER NOTICED AFTER WASHING THE CAR THAT THE WINDSHIELD WIPERS DON'T WORK. OWNER HAS TO STOP AND GET OUT AND HIT THE WINDSHIELD WIPER MOTOR IN ORDER TO GET THE WINDSHIELD WIPERS TO WORK. SOMETIMES THE OWNER HAS TO GET OUT AND WIPE OFF THE WINDSHIELD. THE AUTO PARTS STORE TOLD THE OWNER THAT THERE WAS NO SEAL IN THE MOTOR OF THE WINDSHIELD WIPERS AND THIS ALLOWS WATER TO ENTER THE MOTOR. THE OWNER HAS CHECKED WITH CHEVROLET AND THEY STATED OWNER WOULD HAVE TO PAY FOR DIAGNOSIS AND THE REPAIR. *NM

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.