



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

FOR AGENCY USE ONLY 100148

Date Received

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Repository

Reference No.
10129738

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: MONONGAHELA State: PA Zip Code: [REDACTED]

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? YES 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
1GNCT1RW [REDACTED] Make: CHEVROLET Model: BLAZER Model Year: 2001

Date Purchased: 02-JAN-02 Dealer's Name and Telephone Number: CHRAPP CHEVROLET Engine: No. Cylinders: 6 Fuel Type: Gas

Original Owner: Dealer's City: MONESSEN State: PA Zip Code: 15062

Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: 4 WHEEL DRIVE Vehicle Component Code: 060000 ENGINE AND ENGINE COOLING Multiple Failure: 10

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 25-SEP-2002 Failure Mileage: 32000 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R16): [REDACTED]
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
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 vehicle's failure(s), condition, and injury(s).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: [REDACTED] Number of Deaths: [REDACTED] 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).

DT: CONSUMER OWNED A 2001 CHEVROLET BLAZER WHICH HE PURCHASED IN JANUARY 2002. THE VEHICLE STALLED SIX TIMES IN 2002, TWO TIMES IN 2004, AND TWO TIMES ON JULY 21, 2005. THE VEHICLE WAS NEVER TAKEN TO THE DEALERSHIP FOR THIS PROBLEM. ALSO, THE CONSUMER HAS NOT CONTACTED THE MANUFACTURER. THIS WILL HAPPEN AT ANY SPEED. VEHICLE DID NOT ALWAYS START RIGHT UP. THE PROBLEM WAS MORE PERSISTENT IN THE SUMMER.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoia.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-57) 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.