



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

Repository

2005
7:11:07
29-DEC-2005

Reference No.
10146392

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City HERLONG State CA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, ALL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 17 Dec 2006

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GNDT13W6V2 [REDACTED]
Make CHEVROLET Model BLAZER Model Year 1997
Date Purchased 01-OCT-97 Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City Scottsdale State AZ Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE
Vehicle Component Code 185000 VEHICLE SPEED CONTROL:CRUISE CONTROL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 28-DEC-2005 Failure Mileage 174000 Failure Speed 70

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTMAL9ABC036) 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 incident(s), failure(s), crash(es), and injury(ies).)

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: THE CONTACT SET THE CRUISE CONTROL WHILE GOING UP A HILL AND VEHICLE SPED UP. WHILE GOING DOWN THE HILL THE VEHICLE JUST KEPT GOING FASTER. THE RPMS WERE ABOVE 4000 HE PRESSED ON THE BRAKE PEDAL AS HARD AS POSSIBLE. THIS SLOWED THE VEHICLE A LITTLE. THE RPMS SLOWLY STARTED GOING DOWN. HE MANAGED TO PULL THE VEHICLE TO THE SIDE OF THE ROAD. HE GOT OUT OF THE VEHICLE AND OPENED THE HOOD, AND CHECKED THE THROTTLE ASSEMBLY. IT WAS STUCK. HE WORKED WITH THE THROTTLE AND FINALLY MANAGED TO GET IT RELEASED. THE CONTACT HAS NOT TAKEN THE VEHICLE TO A DEALERSHIP TO DUPLICATE THE PROBLEM. *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.