

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
POSTED
AUG 11 AM 8:31
OFFICE OF INVESTIGATION
553620
Copied

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Street: [Redacted]
City: [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 8/13/2000

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side) 1GBFG15M0X1047366		Make Chevrolet	Model Blazer Conversion Van	Year 99	
Purchased Date 6/13/99	Dealer's Name Diamond Chevrolet	Engine Size (CID/CCL) 305	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City Worcester	State MA	Zip Code	No. Cylinders 6	
Manufacture Date (on driver's door or pillar) VEHICLE TRADED	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> On-vehicle Air Bag <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passenger-side Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 4-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive/Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <i>Conversion Van</i>					

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) DRIVERS SEAT BOTTOM FRAME BOLT	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front	<input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Manufacturer Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s):	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities 0	Reported to Manufacturer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).
Diamond Chevrolet

While leaving The Oxford Rest I accelerated from the parking lot to the drivers seat engaged in a backward motion as I then lost control of the vehicle because I could not reach the steering wheel. I then managed to grab the wheel & engage the brakes. The seat then went forward throwing me into the steering wheel and dash with the seat belt on.

Continue on back.

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

Drivers seat failed a left rear of the base
frustration
damaged Chest, Neck, Back, and left leg. upon
impact to dash or steering wheel.

Chevrolet stated that Knoxville Components
were the installers of the seats & brackets.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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 7373 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, NSA-10.01
400 7th Street, SW
Washington, DC 20590



Complete and return or place in your car manual for future use



**VEHICLE
OWNER'S
QUESTIONNAIRE
(V00)**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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