


Form Approved O.S.B. No. 2127-0008

 <p>Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9293 DC METRO AREA (202) 386-0123</p>	<p>FOR AGENCY USE ONLY</p> <p>RECEIVED SEP 14 AM 11:42 OFFICE OF INVESTIGATION</p>	<p>COPIED 11-81 POSTED</p>
	<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted Name]</p> <p>Day Time Telephone Number ()</p>	

554609

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 and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 9/14/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2GNDT13W2X2114652	Vehicle Make Chevy	Vehicle Model Blazer	Vehicle Year 1999	Current Odometer Reading 910544
Purchase Date 1-24-00	Dealer's Name Prest Kad	City Okemas	State MI	Zip Code 48864
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Engine Size (CID/CC/L) No. Cylinders 6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorist <input checked="" type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive/Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
Body Style <input type="checkbox"/> Hatch Back <input type="checkbox"/> Van <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> 2-Door				

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s) Electrical System	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
No. of Failures 3	Date(s) of Failure(s) 4-28-00	Mileage at Failure(s) 29,000	Manufacturer Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Speed at Failure(s) 0 or 20 mph. N.P.		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

APPLICABLE ACCIDENT INFORMATION

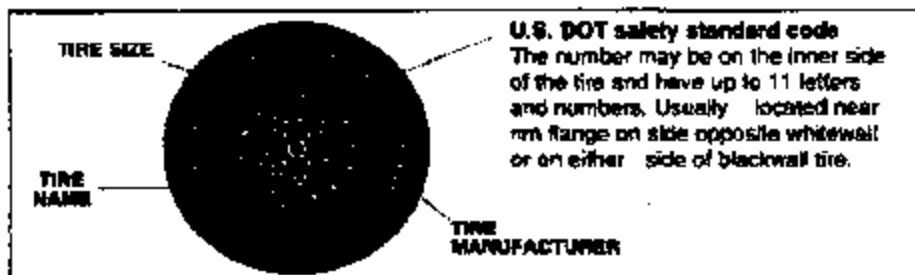
(Use reverse side for more detailed information)

Accident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Persons Injured 1	Number of Fatalities 0	Estimated Property Damage \$1000.00 ONE THOUSAND	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters). Note: This information not required for normal operation tires.

DOT	Manufacturer	Tire Name	Size
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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 against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Sep 14 00 11:34a

Jeremiah Morgan
OFFICE OF DEFECTS INV.

5173499732

p. 1



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

AUTO SAFETY HOT LINE

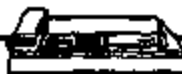
1-800-424-9393
(202) 366-0123

Following is the information you requested on automotive safety.

Please Deliver To: 749-6061

DOCUMENTS: 350
Fax Number: 5173499732
Date: 09/14/00 10:12 AM

RECEIVED
00 SEP 14 AM 11:41
OFFICE
DEFECTS INVESTIGATION



FAX BACK SYSTEM

Office of Defects Investigation - 400 7th Street, S.W. (NEF-10) - Washington, D.C. 20690