



**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY 258**

Data Received  15-JAN-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  717393	

Do you authorize NHTSA to provide a copy of 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 \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) _____ <small>(Listed at front of windshield or driver's side)</small>	Vehicle Make <b>CHEVROLET TRU</b>	Vehicle Model <b>BLAZER</b>	Vehicle Year <b>1997</b>	Current Odometer Reading
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Purchase Date <b>01-JAN-1998</b>	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	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	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Sport Ult Truck Motorcycle	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 06400000 05150000	Par. Name(s) <b>FUEL:THROTTLE LINKAGES AND CONTROL</b> <b>ENGINE:OTHER PARTS</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures <b>1</b>	Date(s) of Failure(s) <b>13-JAN-1999</b> Mileage at Failure(s) <b>59000</b> Vehicle Speed at Failure(s) <b>20</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s), Crashes, and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

I WAS DRIVING ON THE TOLLWAY AND APPROXIMATLY 1 MILE BEFORE THE TOLL, I FELT MY CAR ACCELERATING WITHOUT MY FOOT ON THE GAS. I THOUGHT THE CRUISE CONTROL WAS ON, BUT IT WASN'T AS I APPROACHED THE TOLL AND HAD MY FOOT ON THE BRAKE, MY CAR WAS NOT SLOWING DOWN, I ALMOST CRASHED INTO THE CAR AHEAD OF ME. I PUT THE CAR IN NEUTRAL AND SHUT IT OFF. AFTER PUTTING IT IN PARK, I WAS TOLD BY THE TOLL AUTHORITY TO TRY TO START THE CAR. WHEN I DID, IT REVVED UP ALL THE WAY INTO THE RED ZONE, 3000 RPMs. I TOOK THE CAR TO THE DEALER AND WAS TOLD NOTHING WAS WRONG WITH IT. ABOUT 2 WEEKS LATER, MY ENGINE WAS DEEMED RUINED. THE ROD, PISTONS AND BEARINGS WERE SHOT, NOT DUE TO LACK OF MAINTANENCE. THE CAUSE OF THE ENGINE PROBLEM WAS DUE TO THE THROTTLE. NONE OF THIS SH

CONTINUED ON BACK OF FORM

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.



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No. of Failures <b>1</b>	Date(s) of Failure(s) <b>13-JAN-1999</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) <b>59000</b>		
	Vehicle Speed at Failure(s) <b>20</b>		

**APPLICATION INCIDENT INFORMATION**

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