

U.S. Department of Transportation National Highway Traffic Safety Administration	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	
	Date Received 17-OCT-2000		Od_or _____ rt_dt _____ od_rt _____ up_ltr _____ Reference No. 734556

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 drivers side)</small> 1GNDT13W4X2125913	Vehicle Make CHEVROLET TRU	Vehicle Model BLAZER	Vehicle Year 1999	Current Odometer Reading		
Purchase Date 01-APR-1999	Dealer's Name _____		Engine Size (CID/CYL) V-6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No. Cylinders _____			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input 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"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	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 _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06136000 06300000 D1231000	Par. Name(s) FUEL:FUEL PUMP FUEL:FUEL INJECTION SYSTEM STEERING:UNKNOWN TYPE:SHAFT LOWER WORM	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
No. of Failures 2	Date(s) of Failure(s) 25-SEP-2000 Mileage at Failure(s) 26500 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), 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)

DEALER STATED ON 9/26/200 THAT FUEL PUMP WAS FAULTY. REPLACED THIS...AUTO STILL DID NOT WORK. DEALER STATED MAYBE A FAULTY FUEL PUMP WAS SENT, ORDERED A 2ND, PUT THIS ONE IN. AGAIN, AUTO DID NOT RUN. AFTER THE 1ST ONE WAS INSTALLED, VEHICLE WAS RELEASED TO ME, 1.5 HOURS LATER, I WAS AGAIN STRANDED. DEALERSHIP SAID IT WAS A CPI, SOMETHING WITHIN THE FUEL INJECTOR SYSTEM. THAT WAS REPLACED. IT WASN'T THE PROBLEM. THEY FINALLY STATED IT WAS 3 INJECTORS WITHIN THIS UNIT. THOSE WERE REPLACED AND MY VEHICLE RETURNED TO ME. AUTO WAS IN THE SHOP FROM 9/26/2000 UNTIL 10/10/2000. ON 10/12/2000, ON ROUTE 33 WESTBOUND, MY ACCERLERATOR STUCK, MY BRAKES DID NOT WORK, VEHICLE WAS DOING 95 MPH. I GAINED CONTROL OF VEHICLE AND GOT IT STOPPED. IT WAS TOWED FROM LOGAN, OHIO TO COLUMBUS WHER

CONTINUE ON BACK IF NEE

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.