



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

01-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

749570

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>(Location at bottom of and/or above windshield)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| 1GNDT13W9V2201266 | CHEVROLET TRUCK | BLAZER | 1997 | | | |
| Purchase Date 01-AUG-2000 | Dealer's Name _____ | Engine Size (CID/CC/L) 4.3L | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio | | | |
| <input type="checkbox"/> New <input checked="" 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 Util <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 07300000 | Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failure 30 | Date(s) of Failure(s) 29-JUN-2001 41996 Mileage at Failure(s) 55 | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <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 0 | Number of Fatalities 0 | Estimated Property Damag | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|--------------------------------|---------------------------|--------------------------|---|

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN FIRST EXPERIENCED WE WERE COMING HOME FROM HERSHEY ON A HOT DAY WHEN WE CAME TO A TRAFFIC LIGHT. WHEN WE PROCEEDED THE TRANSMISSION SHIFTED REAL HARD INTO SECOND GEAR CAUSING US TO JERK BACK AS THE TRUCK JERKED FORWARD. THIS PROBLEM CONTINUED EVERYTIME WE WOULD COME TO A COMPLETE STOP. WE WERE ABLE TO MAKE IT TO OUR MECHANIC AND DROP THE BLAZER OF. THE NEXT DAY WHEN THE MECHANIC LOOKED AT THE VEHICLE HE COULD NOT DETECT ANY MALFUCTIONS. APPROX. ONE WEEK LATER WE DROVE TO NEW JERSEY, THE TRUCK WAS FINE UNTIL WE CAME TO OUR FIRST TRAFFIC LIGHT IN OCEAN CITY NJ WHEN THE PROBLEM STARTED AGAIN BUT THIS TIME THE CHECK ENGINE LIGHT CAME ON. WHEN LEAVING NJ THE PROBLEM STARTED WHEN WE HAD TO STOP AT OUR FIRST TOLL, THIS TIME I PULLED OVER LET THE BLAZER REST

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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 litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.