



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

10-JAN-2002

Od. or
rt. dt
pd. rt
rp. ltr

Reference No.

756681

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		
1GNDT13W8V2217037	CHEVROLET TRUC	BLAZER	1997			
Purchase Date 01-JUL-1998	Dealer's Name _____	Engine Size (CID/CC/L) 4.3	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio			
<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"/> Motorbelt <input checked="" 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 type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02132000 05200000 08100000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN ENGINE COOLING SYSTEM ELECTRICAL SYSTEM:BATTERY	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	Date(s) of Failure(s) 10-OCT-2001 Mileage at Failure(s) 36480 Vehicle Speed at Failure(s) 0	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	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THIS VEHICLE HAS HAD NUMEROUS PROBLEMS. FROM BAD DEXCOOL, WITCH CAUSED A MAJOR OVERHAUL OF THE COOLING SYSTEM AT APPROX. 37000 OR 3 1/2 YR. YET CHEVROLET STATES THE COOLANT IS GOOD FOR 5YR OR 150,000. THE FRONT BALL JOINTS HAD TO BE REPLACED AT APPROX. 35,000. JUST OVER THE 3YR WARRANTY WITH NO HELP FROM CHEVY DESPITE NUMEROUS COMPLAINTS OF THIS FAILURE. ALSO HAVE HAD TWO BATTERIES IN THE SYSTEM ONE AFTER ONLY 3000 MILES AND THE SECOND ONE IS NOW OUT AT 38000 MILES. THERE IS A SHORT IN THE SYSTEM THAT STILL HAS NOT BEEN FOUND. THE SHIFT LEVER HANDLE HAS BEEN A CHANGED 3 TIMES AND STILL RATTLE AFTER APPROX. A MONTH OF USE. THE FRONT DRIVERS SIDE MIRROR SHAKES TO THE POINT IT IS HARD TO SEE

CONTINUE ON REVERSE

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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Work Number

Home Number 605 361 0667

OWNER INFORMATION (Type or Print)

PAUL PIERRET 734091
7209 W 32 ST.
SIOUX FALLS SD 57106

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Signature of Owner _____ Date ____/____/____

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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part's
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No of Failure	Date(s) of Failure(s) 10-OCT-2001	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s) 36480	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) 0		

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