

**785691**

**From:** feedback@cartalk.com  
**To:** Alberto <NHTSA> Jimenez  
**Date:** 9/30/01 4:54PM  
**Subject:** Car Talk VOQ submission

\* This data was submitted via a fill-in form at the Cartalk web site  
\* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems  
\* or suggestions regarding the format of this submission, send email  
\* to [webmaster@cartalk.com](mailto:webmaster@cartalk.com)

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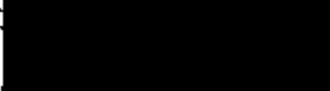
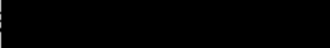
SUBMISSION DATE: Sunday, September 30th 2001 at 4:54:27 PM

VEHICLE OWNER'S QUESTIONNAIRE

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OWNER INFORMATION

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NAME:   
ADDRESS:   
TELEPHONE: 

NHTSA authorized to send a copy of this report to the manufacturer: Yes

VEHICLE INFORMATION

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VIN:  
MAKE: chevy  
MODEL: blazer  
YEAR: 2001

ODOMETER: 16,000  
PURCHASE DATE: 03/25/01  
NEW OR USED: Used

DEALER NAME: Spradley Motors  
ADDRESS: Pueblo, co

ENGINE SIZE: 6  
CYLINDERS:

FUEL INJECTION: Yes  
TURBO: No  
FUEL TYPE: Gas  
ANTILOCK BRAKES: Yes  
CRUISE CONTROL: Yes

DRIVETRAIN: 4 Wheel  
DRIVER AIRBAG: No  
PASSENGER AIRBAG: Yes  
3-POINT BELT: No  
MOTOR BELT: No  
2-POINT BELT: No  
BODY STYLE: Other

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: When the car wwith an automatic transmission is in gear on a hill, it will roll down the hill and increase in speed. My car rolls so fast that you cannot safely make the transition from brake to accelerator without rolling severely. I was told by a dealership that with these blazers, you need to brake with the left foot and accerlate with the right. Mfg says it falls within "specs" but the service mgr said he felt mine was excessive. After test driving other blazers, I feel mine is excessive.

PART NAME(S):

LOCATION:

NUMBER OF FAILURES:

DATE(S) OF FAILURES: April 2, 2001, April 5, 2001

MILEAGE AT FAILURE(S): 17,000, 17,000

SPEED AT FAILURE(S): stopped

MANUFATURER CONTACTED: Yes

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT:  
FIRE:

NUMBER OF PERSONS INJURED:

NUMBER OF FATALITIES:  
ESTIMATED PROPERTY DAMAGE: \$

DRIVER AIRBAG DEPLOYED:  
PASSENGER AIRBAG DEPLOYED:

REPORTED TO POLICE:

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)  
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DOT NUMBER: DOT  
TIRE MANUFACTURER:  
TIRE NAME:  
TIRE SIZE:

ADDITIONAL COMMENTS  
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I have involved the mfg. customer service dept. and they called me back and continued to drag out the replies as if he was reading it from a form. Each time he said he would call me back and now he doesn't call at all and he never did assist me with my complaint. The dealership says there is nothing they can do although they feel the "rolling" is excessive to other blazers. The mfg. hides behind "if falls under specs". I feel it is very unsafe and I nearly rolled over a teenager one time and rolled into traffic but the oncoming driver swerved to miss me. I have also had my security harness short out and left me stranded on a mountain. Currently the 4 wheel drive service light has come on and is now at the dealership and they are not fixing it. I have had the PVC valve replaced and adjusted 4x but it still rattles. I am basically miserable with this car.

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END OF FORM  
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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 254**

Date Received

30-SEP-2001

Ord. or  
rt. dt  
od. rt  
rp. ltr

Reference No.

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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>(Lowercase letters "i" and "o" are not used.)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	CHEVROLET TRUC	BLAZER	2001	

Purchase Date <b>25-MAR-2001</b>	Dealer's Name _____	Engine Size (CID/CC/L <b>6 CYL</b> )	<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 checked="" 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 checked="" 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 type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 07217000 07300000	Part Name(s) POWER TRAIN:TRANSFER CASE (4-WHEEL DRIVE) 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
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No of Failure 1	Date(s) of Failure(s) 02-APR-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 17000		
	Vehicle Speed at Failure(s)		

**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)**

WHEN THE CAR IN GEAR ON A HILL, IT WILL ROLL DOWN THE HILL AND INCREASE IN SPEED. THE CAR ROLLS SO FAST THAT YOU CANNOT SAFELY MAKE THE TRANSITION FROM BRAKE TO ACCELERATOR WITHOUT ROLLING SEVERELY, THE MANUFACTURER STATED THAT THIS FALLS WITHIN SPECS, THE 4 WHEEL DRIVE SERVICE LIGHT IS ILLUMINATED. \*YH

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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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>(Lowercase letters "i" and "o" are not used.)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	CHEVROLET TRUC	BLAZER	2001			
Purchase Date 25-MAR-2001	Dealer's Name _____		Engine Size (CID/CC/L 6 CYL	<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 checked="" 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 checked="" 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 type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 07217000 07300000	Part Name(s) POWER TRAIN:TRANSFER CASE (4-WHEEL DRIVE) 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 1	Date(s) of Failure(s) 02-APR-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 17000		
	Vehicle Speed at Failure(s)		

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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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Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Location at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	CHEVROLET TRUC	BLAZER	2001			
Purchase Date 25-MAR-2001	Dealer's Name _____		Engine Size (CID/CC/L 6 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio		
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 08124000	Part Name(s) FUEL:FUEL EMISSION CONTROL:VALVE	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 1	Date(s) of Failure(s) 02-APR-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 17000		
	Vehicle Speed at Failure(s)		

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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)**

THE PCV VALVE WAS REPLACED AND ADJUSTED FOUR TIMES BUT IT STILL RATTLES. \*YH

CONTINUE ON REVERSE

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