



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 1362**

Date Received

03-JAN-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8001435

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 on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	CHEVROLET TRUCK	BLAZER	1997			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input 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 02132000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN	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	Dates of Failure(s) _____ Mileage at Failure(s) _____ 67 Vehicle Speed at Failure(s) _____	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 type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING 20 MPH THERE WAS A LOUD KNOCKING ON FRONT RIGHT TIRE, TOOK IT TO MECHANIC, HE INDICATED THAT THERE WAS A RECALL ON 1997, CHEVROLET, BLAZER CONCERNING TOP AND LOWER BALL JOINTS. IT WAS NOT SAFE TO DRIVE VEHICLE. MANUFACTURER STATED THIS VEHICLE WAS NOT INCLUDED IN RECALL DUE TO VIN. \*AK

COPIED FROM NHTSA FILE # 02-01-0001

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY</b> 1362</p>	
	<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 731910</p>	<p>Date Received: 21-JAN-2002</p> <p>Office of Vehicle Investigation</p>	<p>Old or rt_dt _____ od_rt _____ up_lr _____</p>

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: [Redacted] Date: 01/15/02

VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading			
1GN0T13W8V2234545	CHEVROLET TRU	BLAZER	1997	56,089			
Purchase Date	Dealer's Name: John Amato Ford		Engine Size (CID/CC)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City: Maikwong; State: WI Zip Code: 53149		No. Cylinders				
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4 Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
02132000	SUSPENSION: INDEPENDENT FRONT CONTROL ARM: UNKNOWN	<input type="checkbox"/> Left <input type="checkbox"/> Front	<input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)
2	12-30-02	57	20-30 mph
		Failed Part(s)	NHTSA Previously
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

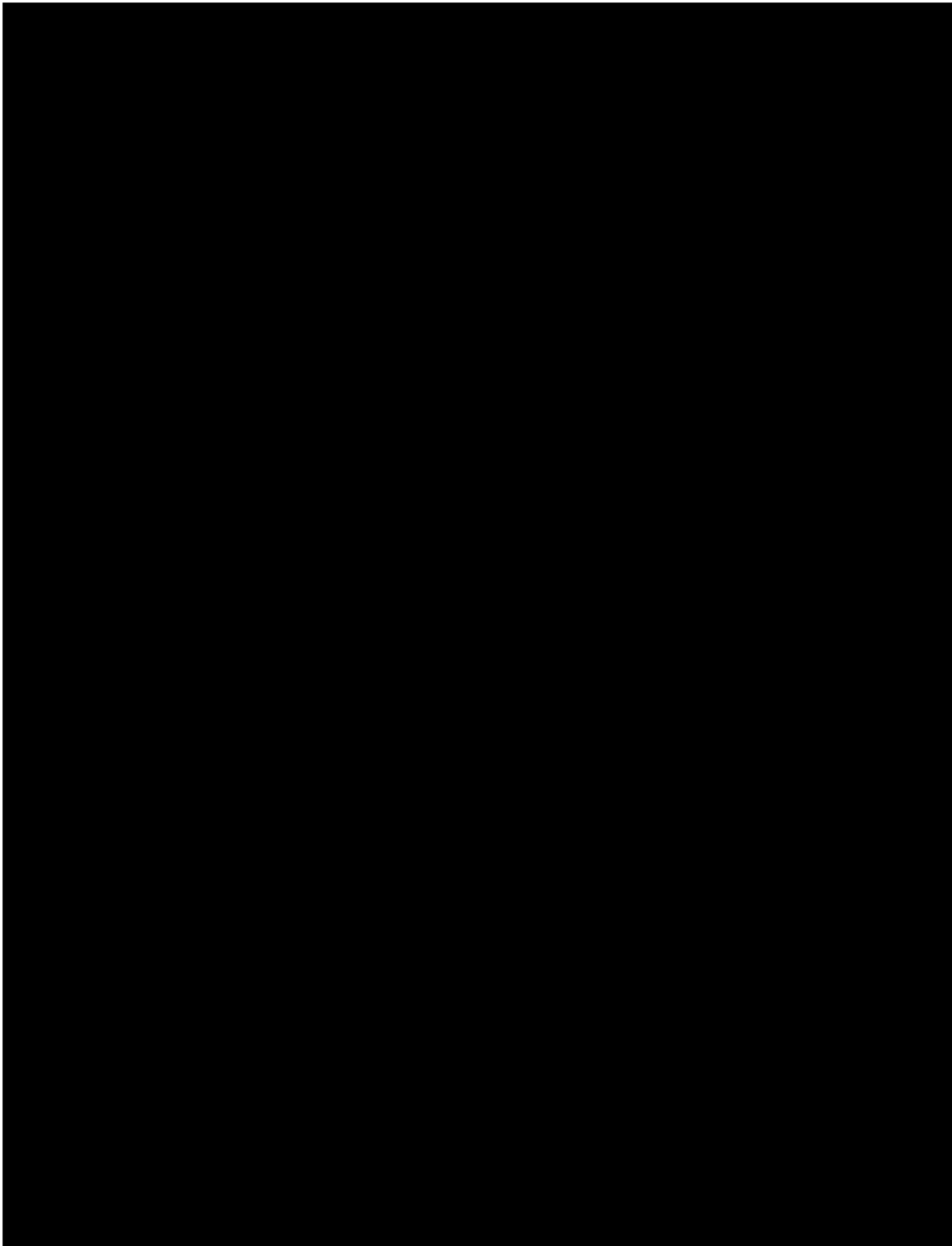
WHILE DRIVING 20 MPH THERE WAS A LOUD KNOCKING ON FRONT RIGHT TIRE, TOOK IT TO MECHANIC, HE INDICATED THAT THERE WAS A RECALL ON 1997, CHEVROLET, BLAZER CONCERNING TOP AND LOWER BALL JOINTS. IT WAS NOT SAFE TO DRIVE VEHICLE. MANUFACTURER STATED THIS VEHICLE WAS NOT INCLUDED IN RECALL DUE TO VIN. \*AK

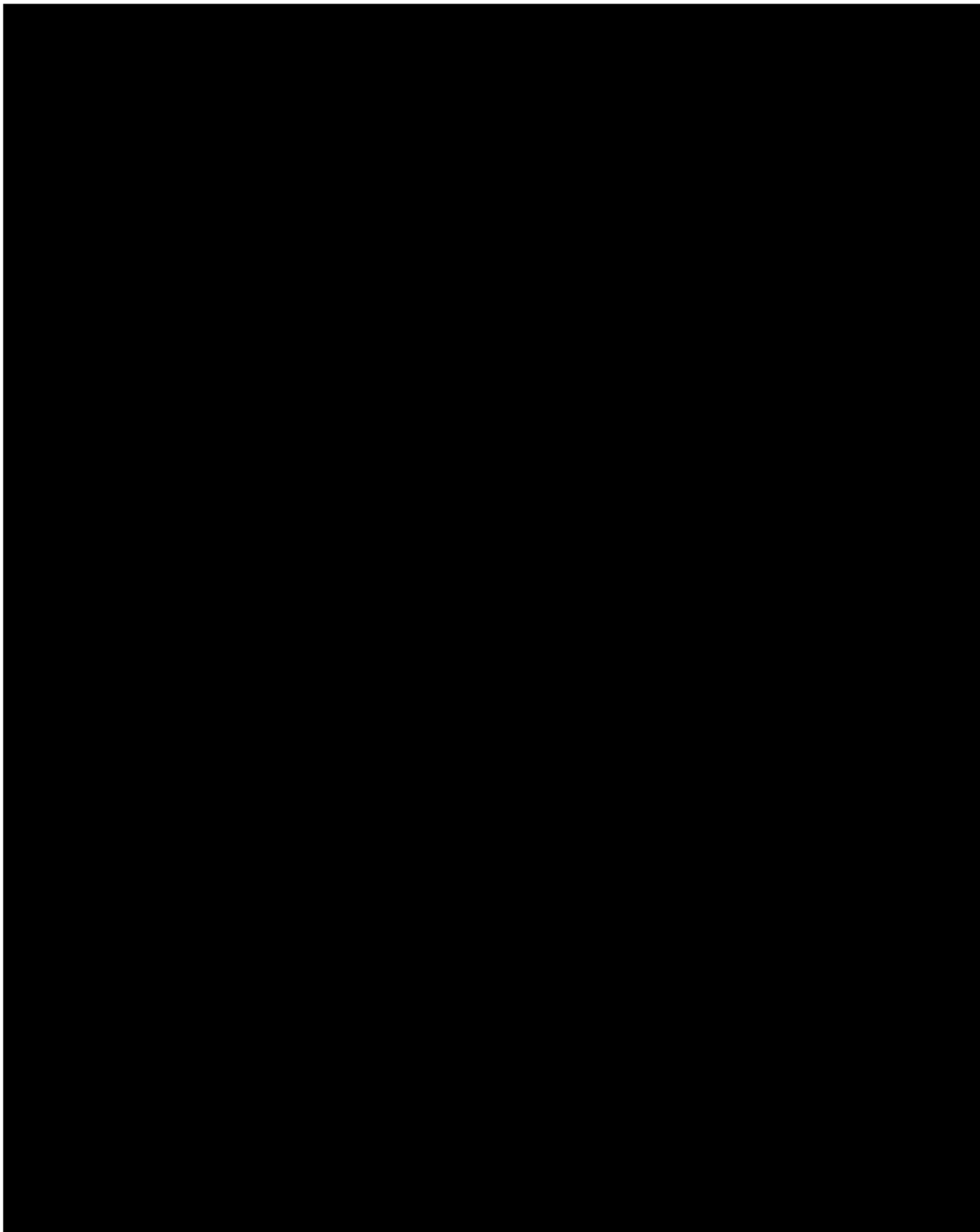
The 1st mechanic I took it to did no work on the vehicle - It was just an assessment - He told me to take it to a Certified GM Dealership. My family was very lucky that we were not injured while driving this vehicle.



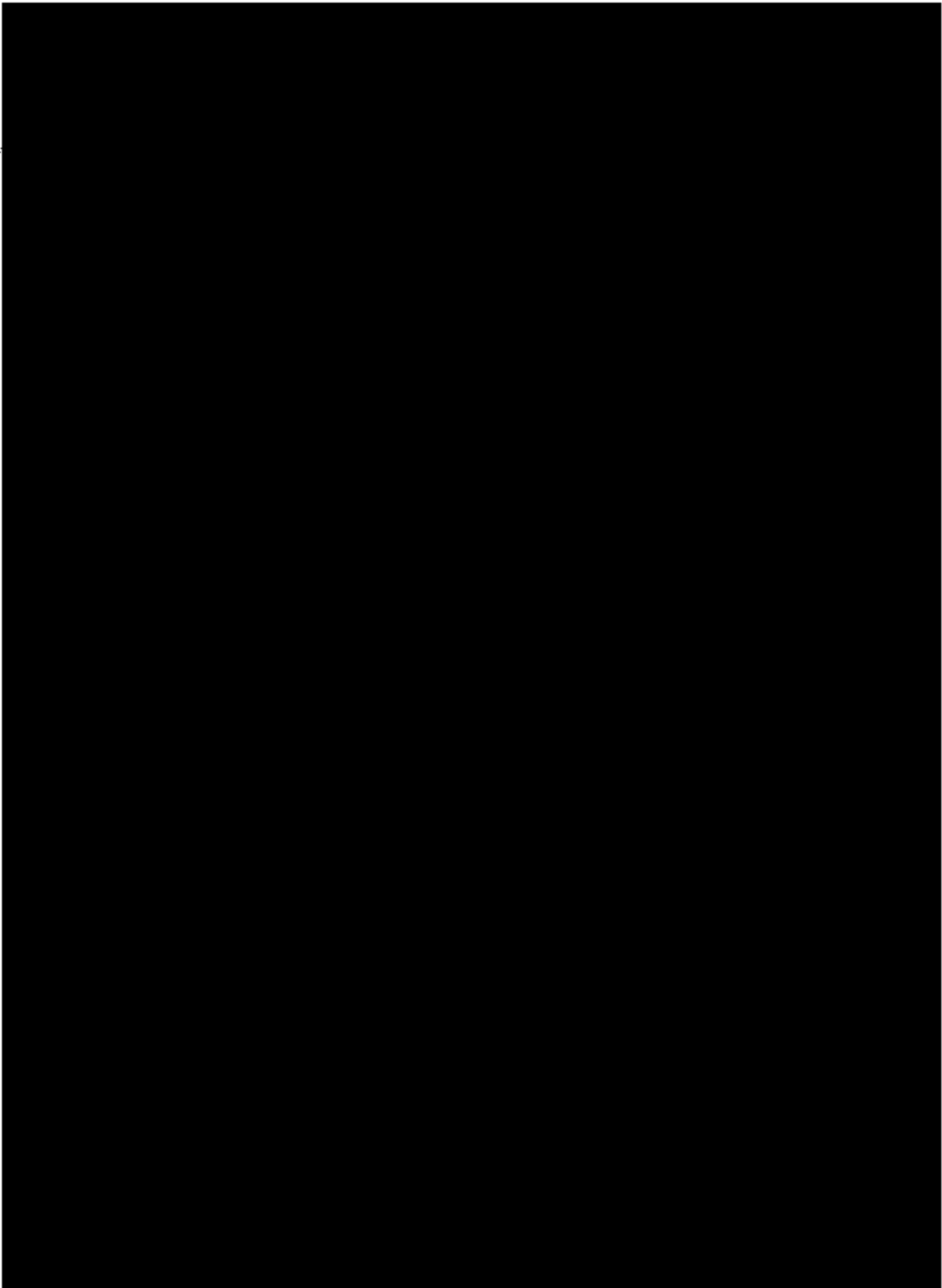
THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)

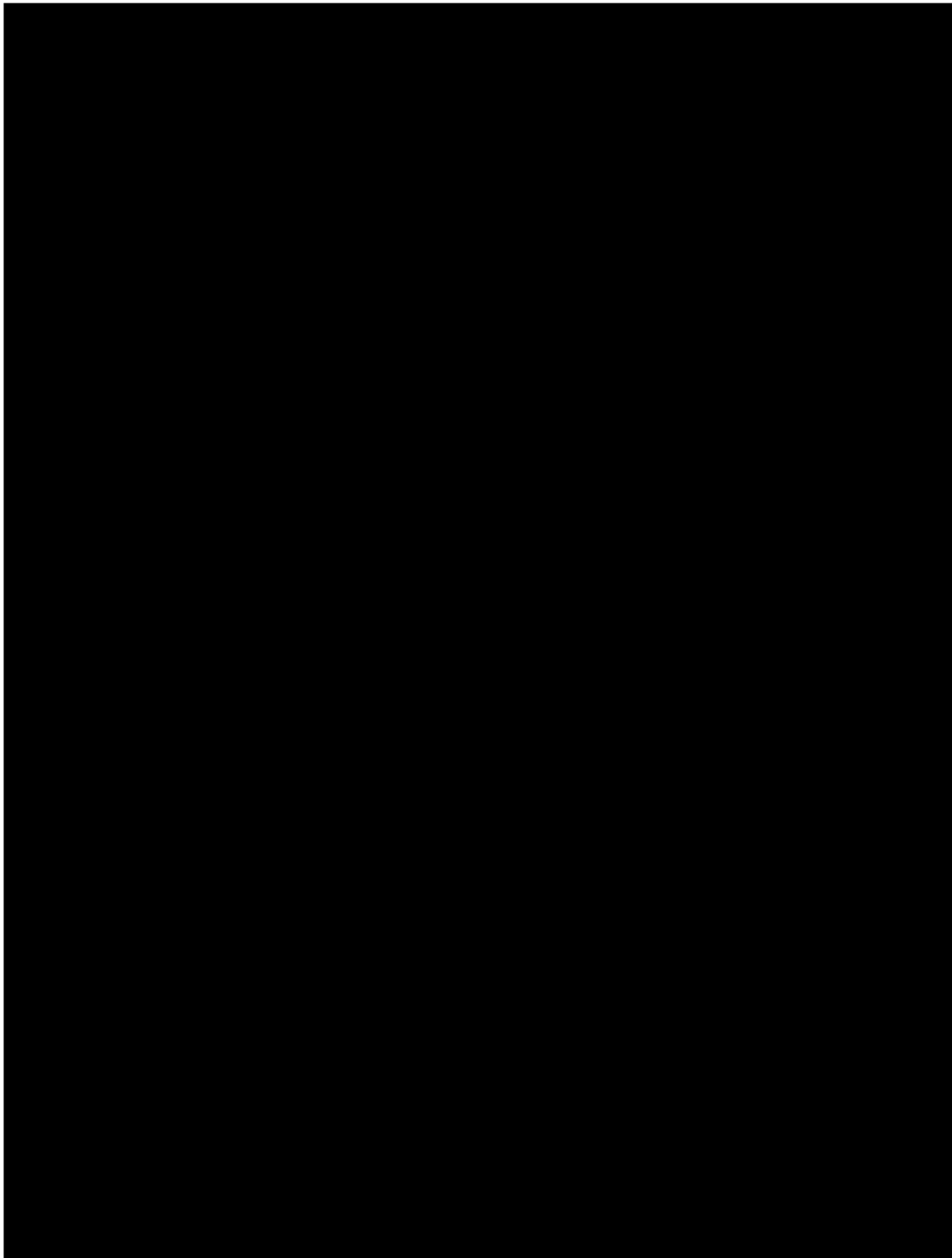
(Page 1 through Page 14)





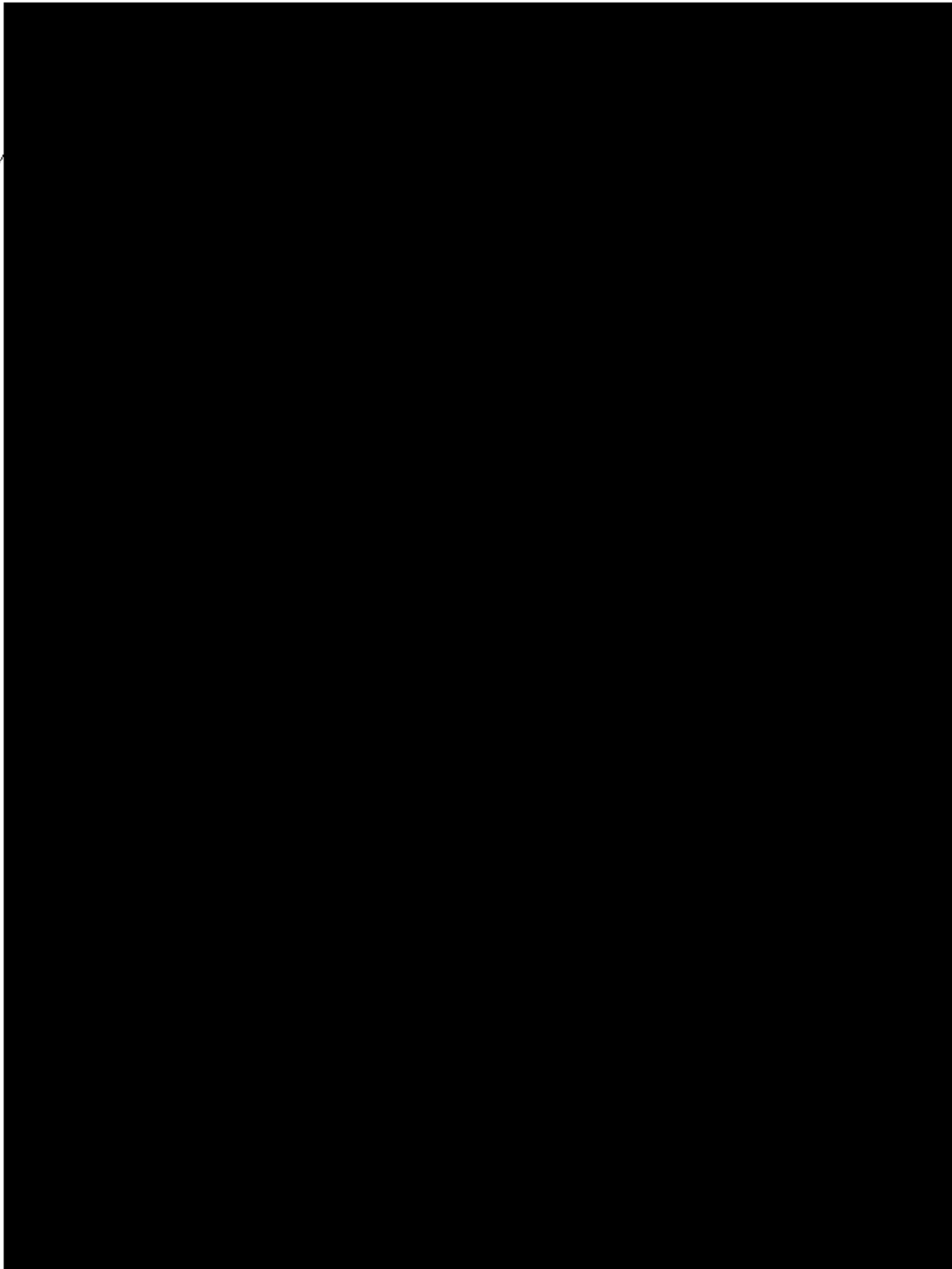


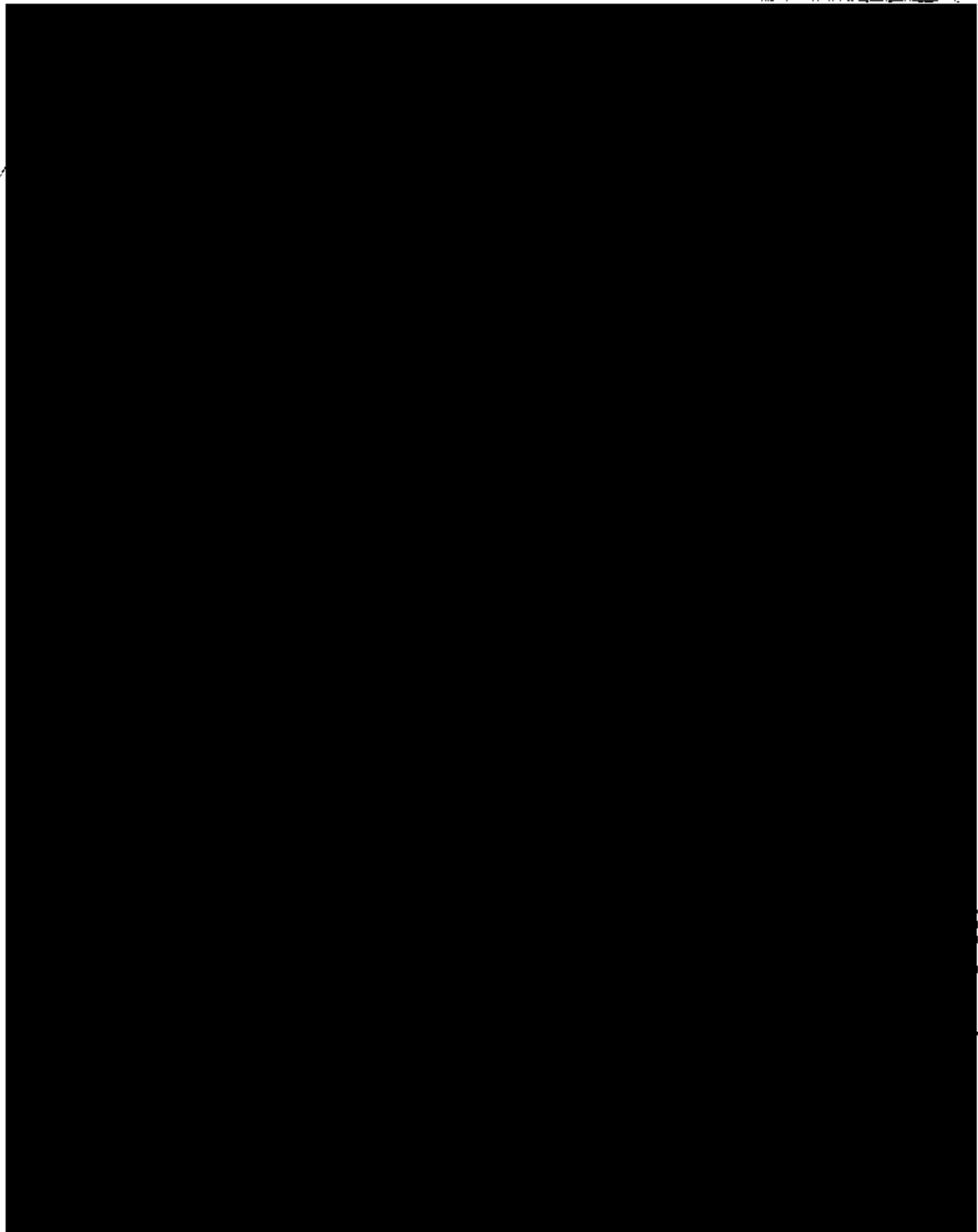




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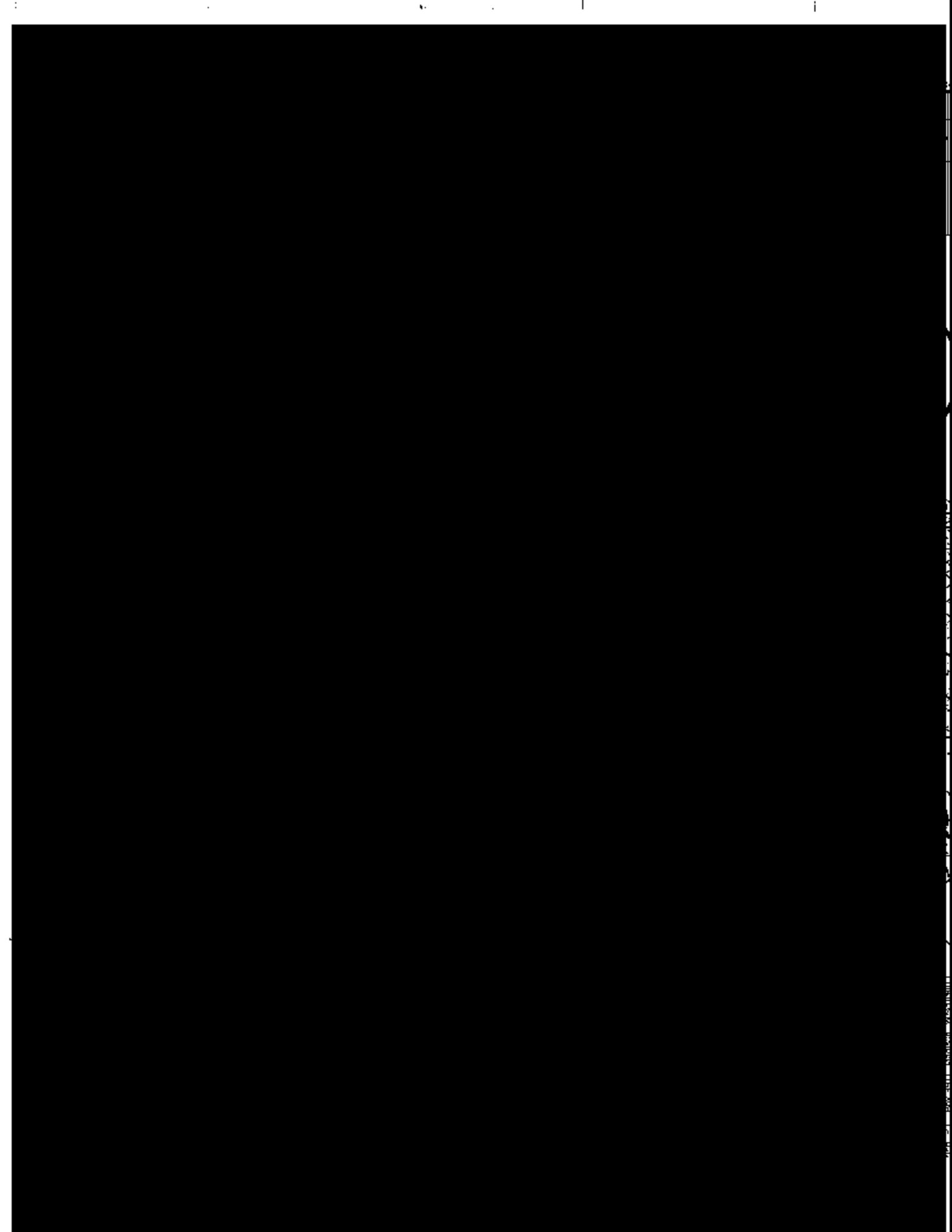
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*Thank You!*