



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 §20

Date Received

03-JAN-2002

Ord. or
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od. rt
ip. ltr

Reference No.

8001472

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 dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GNDT13W8V2190812	CHEVROLET TRUCK	BLAZER	1997			
Purchase Date <input checked="" type="checkbox"/> New <input 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 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 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 08114000 06317000 07300100	Part Name(s) FUEL:FUEL TANK ASSEMBLY:GAUGE:FUEL FUEL:FUEL INJECTION:UNKNOWN TYPE:INJECTOR POWER TRAIN:TRANSMISSION:AUTOMATIC:CONTROL MODULE	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	Dates of Failure(s) 23-DEC-2001 Mileage at Failure(s) 64000 Vehicle Speed at Failure(s) 60	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 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING APPROXIMATELY 60 MPH VEHICLE LOST ALL POWER AND HAD TO BE TOWED TO DEALERSHIP. DEALERSHIP EXAMINED VEHICLE, AND DETERMINED THAT FOLLOWING COMPONENTS HAVE TO BE REPLACED: PCM/ SIX FUEL INJECTORS/ ELECTRICAL HARNESS/ FUEL GAUGE, AND AN UNKNOWN GASKET. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION. AK

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NAT ONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 920</p>	
		<p>Del. Received 1/20/02 1-2002 DEFECTS INVESTIGATION</p>	<p>Od_or _____ rt_dt _____ od_rt _____ up_ltr _____</p>
<p>OWNER INFORMATION (Type or Print)</p>		<p>Reference No. 8001472</p>	
<p>Signature of Owner</p>		<p>Work _____ Home _____</p>	<p>Date <u>1/20/2002</u></p>

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of your signature, please provide the address to the vehicle manufacturer.
 Signature of Owner: _____ Date: 1/20/2002

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at collar of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	
1GNDT13W8V2190812	CHEVROLET TRU	BLAZER	1997	64856	
Purchase Date <u>MARCH 1997</u>	Dealer's Name <u>CLASSIC CHEVROLET</u>		Engine S2 CID/CC/L	<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 <u>MENTOR</u>	State <u>OH</u>	Zip Code <u>44061</u>	No. Cylinders <u>6</u>	
Transmission Type <input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger's Side 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
				<input checked="" type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <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 06114000 06317000 07300100	Part Name(s) FUEL:FUEL TANK A (SEMBLY):GAUGE:FUEL FUEL:FUEL INJECTION:UNKNOWN TYPE:INJECTOR POWER TRAIN:TRANSMISSION:AUTOMATIC:CONTROL MODULE	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front	Failed Part(s) <input type="checkbox"/> Right <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 1	Date(s) of Failure(s) <u>23-DEC-2001</u>	Mileage at Failure(s) <u>64000</u>	Vehicle Speed at Failure(s) <u>60</u>
	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage <u>\$2,800</u>	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No

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

WHILE TRAVELING APPROXIMATELY 60 MPH VEHICLE LOST ALL POWER AND HAD TO BE TOWED TO DEALERSHIP. DEALERSHIP EXAMINED VEHICLE, AND DETERMINED THAT FOLLOWING COMPONENTS HAVE TO BE REPLACED: PCM/ SIX FUEL INJECTORS/ ELECTRICAL HARNESS/ FUEL GAUGE, AND AN UNKNOWN GASKET. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION. AK

THE PRIVACY ACT OF 1974 PUBLIC LAW 93-502 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.