



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** 798

Date Received

28-JAN-2002

Ord. or  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8002955

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
N/A	CHEVROLET TRUCK	BLAZER	1996			
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 checked="" 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 05150022	Part Name(s) ENGINE:GASKETS:OIL PAN	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) 01-JAN-2002 Mileage at Failure(s) 72000 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)

DIP STICK IS EXTREMELY RUSTY. CONSUMER FEELS RUST THAT BUILD UP COULD BE A RESULT OF DIRT FALLING INTO THE OIL PAN. DEALER HAS BEEN CONTACTED. PLEASE GIVE ANY FURTHER DETAILS. \*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.



**U.S. Department of Transportation**  
**National Highway Traffic Safety Administration**  
**Vehicle Owner's Questionnaire (VOQ)**  
 DOT Auto Safety Hotline  
 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

**OWNER INFORMATION (Type or Print)**

736018

Reference No. 8002955

DATE RECEIVED  
 JAN 4 2002  
 DEFECTS INVESTIGATION  
 8002955

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.

**VEHICLE INFORMATION**

Vehicle Identification No. (VIN)	N/A16ADM19CJ35B249763	
Vehicle Make	CHEVROLET TRU	
Vehicle Model	BLAZER	
Vehicle Year	1996	
Current Odometer Reading	73179	
Purchase Date	1-25-01	<input type="checkbox"/> New <input checked="" type="checkbox"/> Used
Dealer's Name	ED RUIKE CHEVROLET-Geo	
City/State/Zip	Carter Lake IA 50015	
Engine Size	2.8	Engine Cylinders
Fuel Injection	<input checked="" type="checkbox"/> Turbo <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel	

Transmission Type	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual
Antilock Brakes/Restraint System	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Motorbelt	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> 2-Point Belt
Passenger Side Airbag	<input checked="" type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag
Drive Train	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
Body Style	<input checked="" type="checkbox"/> Sport Lift <input type="checkbox"/> Truck <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck

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

Component	05150022
Part Name(s)	ENGINE:GASKETS:OIL PAN
Location	Front <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/>
Failed Part(s)	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	1
Date(s) of Failure(s)	01 JAN-2002
Mileage at Failure(s)	22000
Vehicle Speed at Failure(s)	
Failed Part(s) Previously	<input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICATION INCIDENT INFORMATION**

Crash	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Persons Injured	
Number of Failures	
Estimated Property Damage	
Reported to Police	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

DIP STICK IS EXTREMELY RUSTY. CONSUMER FEELS RUST THAT BUILT UP COULD BE A RESULT OF DIRT FALLING INTO THE OIL PAN. DEALER HAS BEEN CONTACTED. PLEASE GIVE ANY FURTHER DETAILS. AK

Dip stick is steel and has rusty buildup.

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