



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 936

Date Received

12-MAR-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8005389

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		
1GNDT13WXT2228781	CHEVROLET TRUC	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 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 checked="" 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 type="checkbox"/> Other _____

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

Component 01100000 02132000	Part Name(s) STEERING:WHEEL AND COLUMN 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) 01-FEB-2002 Mileage at Failure(s) 80000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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)

STEERING WHEEL IS LOOSER AND UNRESPONSIVE THAN NORMAL. DRIVER THEN RECEIVED A RECALL LETTER 01 V 200 000 CONCERNING BALL JOUNTS. CONSUMER FEELS THIS IS THE CAUSE OF THE PROBLEM. CONSUMER CONTACTED DEALER, AND VEHICLE WAS NOT COVERED.\*AK

COPIED FROM NHTSA - FEB 02

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 style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY</b> 335</p> <p>Date Received <u>502</u> <u>12-MAR-2002</u></p> <p style="text-align: center;"><b>OFFICE OF DEFECTS INVESTIGATION</b></p> <p>Reference No. <u>8005389</u></p> <p>Work _____ Home _____</p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <div style="background-color: black; width: 100%; height: 40px;"></div>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

\_\_\_\_\_ your name and address to the vehicle manufacturer.

Date 3/20/02

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <u>1GNDT13VXT2228781</u>	Vehicle Make <u>CHEVROLET TRUCK</u>	Vehicle Model <u>BLAZER</u>	Vehicle Year <u>1998</u>	Current Odometer Reading <u>106,100</u>	
Purchase Date <u>Oct 1996</u>	Dealer's Name <u>Cambridge Chevy/Honda</u>		Engine Size (CID/CC/L) <u>6</u>	<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Cambridge</u>	State <u>MA</u>	Zip Code <u>02138</u>		
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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>01100000</u> <u>02132000</u>	Part Name(s) <u>STEERING:WHEEL AND COLUMN</u> <u>SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>01-FEB-2002</u> Mileage at Failure(s) <u>80000</u> <u>35,900</u> Vehicle Speed at Failure(s)	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input checked="" 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 Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No

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

**STEERING WHEEL IS LOOSER AND UNRESPONSIVE THAN NORMAL. DRIVER THEN RECEIVED A RECALL LETTER 01 V 200 000 CONCERNING BALL JOINTS. CONSUMER FEELS THIS IS THE CAUSE OF THE PROBLEM. CONSUMER CONTACTED DEALER, AND VEHICLE WAS NOT COVERED.\*AK**

CONTINUE ON BACK IF NEEDED

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.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

4/1/98 Noise and vibrations reported to Dealer at 35,900 miles. Dealer inspected Bearings and shaft and found no problems. Don't think he inspected upper and lower Ball Joints. (this info is still in Dealer's computer). Truck always had little vibration in front end. Thought this was normal after Dealer's inspection.

I received a letter from GM on Feb 25, 2002 from GM stating that 1996 and 1997 4-wheel Drive Blazers are wearing out BALL Joints in the front end earlier than customer expectations. They would replace or pay for replacement if less than 8 years old or less than 100,000 miles. I called them and explained my truck now had 105,000 miles on it and thought they should still replace the (now failed) ball joints. They refused. I informed them about the two (2) NHTSA RECALLS (01920016M and 01920000) pertaining directly to the ball joint failures. GM stated that my vehicle was not covered under those recalls. IF THIS IS SO, THEN THE PROBLEM IS MORE WIDE SPREAD THAN THEY LEAD US TO BELIEVE. I THINK THEY SHOULD RECALL ALL 1996/1997 SUV FOR THIS SAFETY PROBLEM.

U.S. G.P.O. 1992 - E20-877/8006

U.S. Department of Transportation  
National Highway Traffic Safety Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**BUSINESS REPLY MAIL**  
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POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

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20590+0001

