



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 1220

Date Received

20-MAR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8006064

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		
1GNCS13W112207314	CHEVROLET TRUCK	BLAZER	2001			
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 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 09006000 09102000	Part Name(s) LIGHTING:GENERAL OR UNKNOWN COMPONENT: BRAKE LIGHT; LIGHTING:SWITCH:BUTTON:RING:HEAD LIGHTS	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) _____ 43000 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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**WHILE DRIVING BRAKES AND HAZARD LIGHTS WENT OUT WITH NO WARNING. CAUSE UNKNOWN.
PLEASE PROVIDE ANY FURTHER INFORMATION.*AK**

CONTINUED 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.

DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration		www.nhtsa.dot.gov/hotline 1-888-327-4236 NATIONALWIDE-1-888-DASH-2-DOT DEFECTS OFFICE INVESTIGATION 20-MAR-2008 02 APR 22 PM 2:08 Date Received	
Reference No. 8006064 Home Number Work Number		43891 Signature of Owner In the absence of an authorized dealer, print your name and address to the vehicle manufacturer.	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Date 4/4/02	
Vehicle Information			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GNC513W112207314	Vehicle Mark CHEVROLET TRUCK BLAZER	Vehicle Year 2001	Current Odometer Reading 44,500
Purchase Date 1/01	Dealer's Name STI CHEVROLET	City CERRITOS	State CA
Used <input checked="" type="checkbox"/> New <input type="checkbox"/>	Zip Code 90703	Engine Size (CID/CCL) 4.3L	No Cylinders 4
Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injector <input checked="" type="checkbox"/>	Drive Type Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/>	Vehicle Type Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/>	Body Style 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck <input type="checkbox"/>
Transmission Type Automatic <input checked="" type="checkbox"/> Manual <input type="checkbox"/>	Antilock Brakes <input checked="" type="checkbox"/> Restraint System <input checked="" type="checkbox"/> Cruise Control <input type="checkbox"/>	Motorbelt <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver's Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger's Airbag <input checked="" type="checkbox"/>	Failed Parts Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 0906000 LIGHTING:GENERAL OR UNKNOWN COMPONENT: BRAKE LIGHTS	Part Name(s) LIGHTING:SWITCH;BUTTON;RING;HEAD LIGHTS	Location Left <input type="checkbox"/> Right <input checked="" type="checkbox"/>	Failed Parts Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>
No of Failures 1	Date(s) of Failure(s) 3/13/02	Mileage at Failure(s) 43000	Vehicle Speed at Failure(s) 31.3/02
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 <input checked="" type="checkbox"/>	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Number of Persons Injured 0	Number of Fatalities 0
Estimated Property Damage 0	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHILE DRIVING BRAKES AND HAZARD LIGHTS WENT OUT WITH NO WARNING. CAUSE UNKNOWN. I LOST MY HAZARD AND BREAKLIGHTS, I WENT TO THE NEAREST DEALER, SICKEN CHEV, MANDELVA, THEY SAID THEY KNEW NOTHING ABOUT PROBLEMS. I FOUND OUT ABOUT A RECALL BY CHEV. I NOTIFIED THE DEALER AND THEY KNEW NOTHING AFTER MY FIRST CALL TO CHEV CORP + GM CORP (OVER)	
CONTINUE ON BACK IF NEEDED			
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800 222 1820
MELBY

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

THEY SAID THERE WAS A 'PENDING RECALL' AND I WAS TOLD THE DEALER
WOULD COVER THE CHARGES. THEY WOULD NOTIFY SEEDA CHEV. AFTER
CHEV WAS NOTIFIED BY CORP. THEY CALLED AND SAID IT WAS NOT AN
ACTIVE RECALL AND THEY WOULD NOT HONOR IT. I HAD TO PAY \$362.⁹¹
I THEN CALL THE NHTSA AND YOU INFORMED ME IT WAS AN
ACTUAL 'ACTIVE RECALL'. I AM REQUESTING FROM CHEV A FULL
REFUND UNDER THIS MANUFACTURED DEFECT. I CONTACTED CHEV
4/4 AND THEY INFORMED ME THAT THIS IS NOW AN 'ACTIVE RECALL'.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

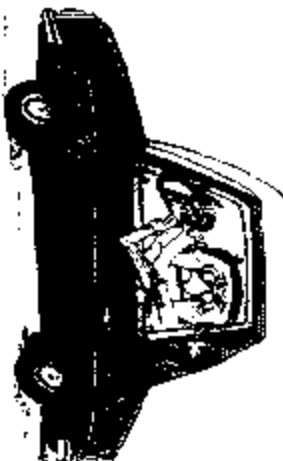
POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

20590+0001



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Administration
<http://www.nhtsa.dot.gov/hotline>



DOT Auto Safety Hotline
(DASH) 2 DOT

1-888-DASH-2-DOT
1-888-327-4236

and dial toll free at

DASH2DOT

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE



**VEHICLE
OWNER?**