



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

08-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8006999

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		
1GNCS13W8T2169616	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 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 type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02000000	Part Name(s) SUSPENSION	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) _____ 7000 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	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 VEHICLE VEERS TO THE LEFT, AS IF VEHICLE WAS OUT OF ALIGNMENT. UPON PUTTING FOOT ON BRAKES TO SLOW DOWN, VEHICLE DID NOT STOP. CONSUMER HAD AN ACCIDENT. THERE WERE INJURIES. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

COPIED FROM NHTSA FORM 101

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.



Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY
 1220

Date Received: 08-APR-2002
 Office: DEFECTS INVESTIGATION
 Reference No.: B006999

OWNER INFORMATION (Type or Print)
 746942
 NEW YORK
 NY

Do you authorize in the absence of your signature or of the signature of another person?
 YES
 NO
 Name and address to the vehicle manufacturer: _____
 Date: 5/12/02

Vehicle Identification No. (VIN) (located at bottom of windshield on driver's side)
 1GNC513WB72169816
 Vehicle Make: CHEVROLET TRUCK
 Vehicle Model: BLAZER
 Vehicle Year: 1998
 Current Odometer Reading: Buried/Destroyed
 Vehicle 10/10/01

Purchase Date: 4/3/98
 Dealer's Name: Heffner Motors
 City: Batesville, State: MS, Zip Code: 38606
 Engine Size: _____
 Engine Type: (C/D/C/L) _____
 Turbo Diesel Gas Fuel Injector
 Transmission Type: Automatic
 Manual
 Restraint System: 3-Point Belt
 2-Point Belt
 Motorbell
 Diverside Airbag
 Passenger-side Airbag
 Cruise Control: No
 Yes
 Drive Train: Front
 Rear
 4-Wheel
 Vehicle Type: Car
 Minivan
 Other
 Sport Utility
 Truck
 Station Wagon
 2-Door
 4-Door
 Pick Up
 Truck
 Body Style: _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 02000000
 Part Name(s): rear axle seal/leak
 Location: Front
 Left
 Right
 Failed Parts: Original
 Replacement
 Suspension: front brakes (air bag did not work)
 Date(s) of Failure(s): Feb, 96, 8/20/96
 Mileage at Failure(s): 2000
 Vehicle Speed at Failure(s): Below speed limit
 No of Failures: 3
 NHTSA Previously: Yes
 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: Yes
 No
 Fine: Yes
 No
 Number of Persons Injured: 2
 Number of Failures: 0
 Estimated Property Damage: Vehicle totaled
 Reported to Police: Yes
 No

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

WHILE DRIVING VEHICLE VEERS TO THE LEFT, AS IF VEHICLE WAS OUT OF ALIGNMENT. UPON PUTTING FOOT ON BRAKES TO SLOW DOWN, VEHICLE DID NOT STOP. CONSUMER HAD AN ACCIDENT. THERE WERE INJURIES. PLEASE PROVIDE ANY FURTHER INFORMATION. AK

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CONTINUE ON BACK IF NEEDED

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

Vehicle veered to left when driving. Speed exceeding 55 mph. Vehicle make noise and steering wheel become shaky. During wet weather or slippery weather / hot or cold temperatures the vehicle's working is disappointing. Dealer claims the vehicle has become more driving. Dealer logic to his explanation is that the vehicle is brand new and it takes time to break-in. When stopping vehicle or slowing speed the brake pedal goes away and brakes also. Vehicle does not stop all times when brake pedal is applied. There have been occasions when pedal is applied vehicle stops at extend intervals.

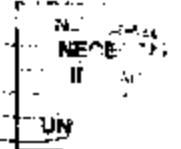
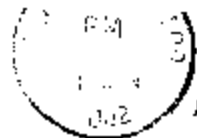
ATTACH ADDITIONAL SHEETS IF NECESSARY

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

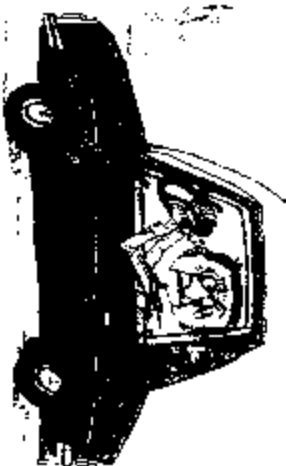


BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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



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

DOT Auto Safety Hotline
(DASH) 2 DOT

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

DASH2DOT
and dial toll free at

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE



VEHICLE OWNER'S