



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 252**

Date Received

22-APR-2002

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

Reference No.

8008298

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 windshield and driver's side door)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	CHEVROLET TRUCK	BLAZER	1997			
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 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 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	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-APR-2002 Mileage at Failure(s) 88000 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 TRAVELING ON HIGHWAY, WITHOUT PRIOR WARNING, BRAKE PEDAL WENT ALL THE DOWN TO THE FLOOR. DEALERSHIP WAS AWARE OF PROBLEM.\*AK

COPIED FROM NHTSA FORM 301

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**  
 U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 www.nhtsa.dot.gov/hotline  
 1-888-327-4238  
 NATIONWIDE 1-888-DASH-2-DOT  
 EFFECTS INVESTIGATION  
 PH 4/22/2002  
 Date Received

**OWNER INFORMATION (Type or Print)**  
 Home No. [Redacted]  
 Work No. [Redacted]  
 Reference No. 8008298

**VEHICLE INFORMATION**  
 Vehicle Make CHEVROLET TRUCK  
 Vehicle Model BLAZER  
 Vehicle Year 1997  
 Current Odometer Reading 82251

**VEHICLE INFORMATION**  
 Dealer's Name FULTON MOTORS  
 City EASTLAND State TX Zip Code 75423  
 Engine Size V6  
 (CID/CYL) 3500  
 No Cylinders 6  
 Fuel Injection Diesel  
 Turbo [ ] Gas [ ] Fuel Injectio [ ]  
 Transmission Type Automatic  
 Manual [ ] Automatic [X]  
 Restraint System 3-Point Belt [X]  
 2-Point Belt [ ] Motorbelt [ ]  
 Driver Side Airbag [ ] Passenger Side Airbag [X]  
 Cruise Control [ ]  
 Drive Type 4-Wheel [X]  
 Front [ ] Rear [X]  
 Vehicle Type Car [ ] Van [ ] Minivan [ ] Truck [ ] Motorcycle [ ]  
 Sport Ute [ ] Truck [ ]  
 Body Style 2-Door [ ] 4-Door [ ] Stationwagon [ ] Pick Up [ ] Truck [ ]

**FAILED COMPONENT(S) INFORMATION**  
 Component 03250000  
 Part Name(s) BRAKES;HYDRAULIC;ANTI-SKID SYSTEM  
 Location Front [X] Left [X] Right [X]  
 Failed Part(s) Original [X] Replacement [X]  
 Date(s) of Failure(s) 01-APR-2002  
 Mileage at Failure(s) 88000  
 Vehicle Speed at Failure(s) 70-75 MPH  
 NHTSA Previously [ ]  
 Part(s) Failed Yes [X] No [ ]  
 NHTSA Previously Yes [ ] No [X]

**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 [X] No [ ]  
 Fire Yes [ ] No [X]  
 Number of Persons Injured None  
 Number of Fatalities None  
 Estimated Property Damage \$1000.00  
 Reported to Police Yes [X] No [ ]

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)**  
 WHILE TRAVELING ON HIGHWAY, WITHOUT PRIOR WARNING, BRAKE PEDAL WENT ALL THE  
 DOWN TO THE FLOOR. DEALERSHIP WAS AWARE OF PROBLEM. AK

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CONTINUE ON BACK IF NEEDED

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

Merging into a left turn lane. Speed approx 10-15 MPH. Roads wet. Stopped on brakes + skid locked up resulting in a skid. Jumper + curb, hit by incoming car. Brakes locked up before with a grinding type sound. 4 sets of brakes on front originals on back this says something is wrong local dealer + Firestone's. Skid + dealer was repaired car can't find anything wrong. Passengers shaken no injuries.

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

SUPPORT NALC FOOD DRIVE MAY 11 7 57 AM '06

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



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

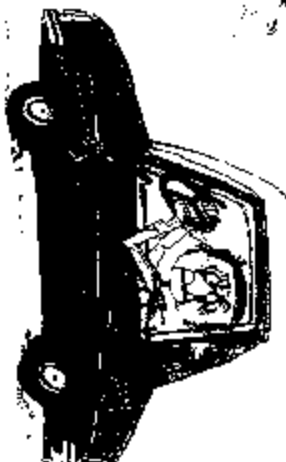
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation National Highway Traffic Safety Administration http://www.nhtsa.dot.gov/Hotline