



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 1039

Date Received

30-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8008859

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		
1GNDT13W512188624	CHEVROLET TRUCK	BLAZER	2001			
Purchase Date <input checked="" type="checkbox"/> New <input 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 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 09106000 09111000	Part Name(s) LIGHTING:SWITCH:BUTTON:RING:BRAKE LIGHTS LIGHTING:SWITCH:BUTTON:RING:EMERGENCY FLASHING HAZA	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) _____ 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)

TURN SIGNALS AND BRAKE LIGHTS GO OUT. TOOK VEHICLE TO DEALER, AND DEALER INDICATED HAZARD SWITCH WAS FAULTY. *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.

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

Vehicle Owner's Questionnaire (VOQ)

Date Received: 30 APR 2002
 Office: DEFECTS INVESTIGATION
 Reference No.: 8008859

FOR AGENCY USE ONLY 1035

OWNER INFORMATION (Type or Print)
 CLARE MI 48061
 Home Number: [REDACTED]
 Work Number: [REDACTED]

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: [REDACTED]
 Date: 6/18/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 1GNDT13W512188624
 (Located at bottom of windshield on driver's side)

Vehicle Make: CHEVROLET TRUCK BLAZER
 Vehicle Year: 2001
 Current Odometer Reading: 56,215

Purchase Date: 6/16/01
 Dealer's Name: McGivres Chevrolet
 City: Clare State: MI Zip Code: 48617

Transmission Type: Automatic Manual
 Restraint System: 3-Point Belt 2-Point Belt No
 Cruise Control: Yes No

Vehicle Type: Car Van Truck Motorcycle Other
 Body Style: 2-Door 4-Door Stationwagon Truck Pick Up

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 09106000 LIGHTING:SWITCH:BUTTON:RING:BRAKE LIGHTS
 09111000 LIGHTING:SWITCH:BUTTON:RING:EMERGENCY FLASHING HAZAR

Part Name(s):
 Location: Front Rear Left Right

Failed Part(s): Original Replacement

Date(s) of Failure(s): multiple
 Mileage at Failure(s):
 Vehicle Speed at Failure(s): unknown

Number of Failures: many

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
 Fire: Yes No
 Number of Persons Injured: N/A
 Number of Fatalities: N/A
 Estimated Property Damage: N/A
 Reported to Police: Yes No

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

TURN SIGNALS AND BRAKE LIGHTS GO OUT. TOOK VEHICLE TO DEALER, AND DEALER INDICATED HAZARD SWITCH WAS FAULTY. *AK

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CONTINUE ON BACK IF NEEDED

**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

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