



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** 241

Date Received

06-JUN-2002

Ord. or  
rt. dt  
od. rt  
rp. ltr

Reference No.

8011230

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 dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GNCS18W31K231252	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component 09117000	Part Name(s) LIGHTING:SWITCH:MULTI-FUNCTION SWITCH:TURN SIGNAL	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) 05-MAY-2002 Mileage at Failure(s) 15854 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)**

**NHTSA#RECALL01 V 364 000/ MANUFACTURER'S RECALL 01073 CONCERNING MULTIFUNCTION SWITCH: REAR STOP LAMPS ARE INOPERATIVE. DEALER NOTIFIED, AND INFORMED CONSUMER THAT HIS VEHICLE NOT COVERED UNDER THE RECALL DUE TO VIN. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*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.

<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> 2-41</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Date Received <b>06 JUN 2002</b> <b>DEFACTS INVEST</b></td> <td style="width:30%;">Old or 1st order up_tr</td> </tr> <tr> <td colspan="2">Recall No. <b>8011230</b></td> </tr> <tr> <td colspan="2">Work Number</td> </tr> <tr> <td colspan="2">Home Number</td> </tr> </table>	Date Received <b>06 JUN 2002</b> <b>DEFACTS INVEST</b>	Old or 1st order up_tr	Recall No. <b>8011230</b>		Work Number		Home Number	
Date Received <b>06 JUN 2002</b> <b>DEFACTS INVEST</b>	Old or 1st order up_tr								
Recall No. <b>8011230</b>									
Work Number									
Home Number									
OWNER INFORMATION (Type or Print) ...									
757728									
AKRON OH									

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of a signature, NHTSA will provide your name and address to the vehicle manufacturer.

Signature of Owner: \_\_\_\_\_ Date: **6/24/02**

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>1GNCS18W31K231252</b>	Vehicle Make <b>CHEVROLET TRUCK</b>	Vehicle Model <b>BLAZER</b>	Vehicle Year <b>2001</b>	Current Odometer Reading
Purchase Date <b>23 SEPT 02</b>	Dealer's Name		Engine Size (CID/CC/L) <b>4.3</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City	State	No. Cylinders <b>6</b>	<input type="checkbox"/> Fuel Injectio
Transmission Type <input checked="" type="checkbox"/> Manual <input 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 Bel <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Sport Util Truck <input checked="" type="checkbox"/> Motorcycle		Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <b>09117000</b>	Part Name(s) <b>LIGHTING: SWITCH: MULTI-FUNCTION SWITCH: TURN SIGNAL</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <b>05-MAY-2002</b>	Mileage at Failure(s) <b>15654</b>	Vehicle Speed at Failure(s) <b>ALL</b>
Failed Part(s)		<input checked="" 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>N/A</b>	Number of Fatalities <b>N/A</b>	Estimated Property Damage <b>2 TICKETS</b>	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

**NHTSA#RECALL01 V 364 000/ MANUFACTURER'S RECALL 01073 CONCERNING MULTIFUNCTION SWITCH: REAR STOP LAMPS ARE INOPERATIVE. DEALER NOTIFIED, AND INFORMED CONSUMER THAT HIS VEHICLE NOT COVERED UNDER THE RECALL DUE TO VIN. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*AK**

*NOT THE DEALER I PURCHASED FROM TOLD ME THIS, THE LOCAL DEALER (BURT GREENMAN) TOLD ME THEY WANTED \$90/HR TO FIX, BANLEY HAD IT FIXED IN 30 MIN (OVER).*

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.

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

UNDER WARRANTY. MY COMPLAINT IS WITH THE LOCAL DEALER WANTING TO SCREW THE PUBLIC FOR A GM MULTIFUNCTION !!! GANLEY CHEVROLET SHOULD BE PRAISED

CASE # FOR CHEVY CUSTOMER SERVICE COMPLAINTS

# 51-13888 3572

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.

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



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

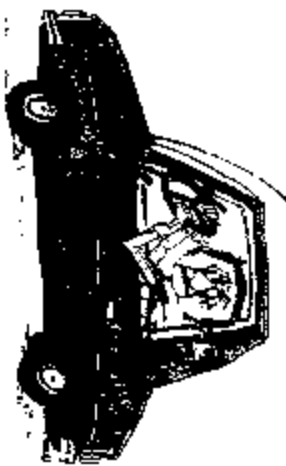
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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