



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

17-JUN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8011963

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		
1GNDT13WX2200058	CHEVROLET TRUCK	TRAILBLAZER	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 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 11607000	Part Name(s) AIR CONDITIONER:EVAPORATOR	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 Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

A SEVERE MUSK ODOR IS GETTING INTO VEHICLE WHEN AIR CONDITIONER IS BEING USED. DEALER WAS NOTIFIED AND REPLACED AIR CONDITIONER EVAPORATOR. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

COPIES OF THIS FORM ARE:

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)

DOT Auto Safety Hotline
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

U.S. Department of Transportation
National Highway Traffic Safety Administration

OWNER INFORMATION

JANE LEW
759535
Home Number
Work Number

JANE LEW
Date Received: 17-JUN-2002
Office: DEFECTS INVESTIGATION
Reference No.: 8011983

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: 6/25/02

VEHICLE INFORMATION

Vehicle Identification No. (VIN): 1GNDT13WXX220058
Vehicle Make: CHEVROLET TRUCK
Vehicle Model: TRAILBLAZER
Vehicle Year: 2004
Current Odometer Reading: 31,800 mi.

Purchase Date: 11-15-99
Dealers Name: [Redacted]
City: [Redacted] State: NV Zip Code: [Redacted]

Transmission Type: Automatic Manual
Antilock Brakes: Yes No
Restraint System: 3-Point Belt 2-Point Belt Motorbelt

Vehicle Type: Car Van Minivan Other
Drive Type: Front Rear 4-Wheel

Body Style: 2-Door 4-Door Stationwagon Pick Up Truck

Component: 1-1607000
Part Name(s): AIR CONDITIONER, EVAPORATOR
Location: Left Right

Failed Component(s)/Part(s) Information
Failed Part(s): Yes No
NHTSA Previously: Yes No

Application Incident Information
Date(s) of Failure(s): 25-JAN-2000
Mileage at Failure(s): 31000
Vehicle Speed at Failure(s): [Redacted]

Failed Component(s)/Part(s) Information
Crash: Yes No
Fire: Yes No
Number of Persons Injured: [Redacted]
Number of Fatalities: [Redacted]
Estimated Property Damage: [Redacted]
Reported to Police: Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
A SEVERE MUSK ODOR IS GETTING INTO VEHICLE WHEN AIR CONDITIONER IS BEING USED. DEALER WAS NOTIFIED AND REPLACED AIR CONDITIONER EVAPORATOR. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION. AK
of hood of fog machine due to use of muddling
in form.

CONTINUE ON BACK IF NEEDED

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