



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 758

Date Received

25-JUN-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8012551

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> <b>ADD</b>	Vehicle Make <b>CHEVROLET TRUCK</b>	Vehicle Model <b>BLAZER</b>	Vehicle Year <b>1997</b>	Current Odometer Reading		
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 checked="" 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 <b>08210000</b>	Part Name(s) <b>ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD</b>	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) <b>01-JUN-2002</b> Mileage at Failure(s) <b>58000</b> 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 checked="" 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)

**AT START UP CONSUMER SAW SMOKE ON RIGHT SIDE OF HOOD, THEN FLAMES. DEALER DETERMINED IT WAS AN ELECTRICAL PROBLEM, PLEASE PROVIDE FURTHER INFORMATION.\*AK**

CONFIDENTIAL - NHTSA

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.



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

# Vehicle Owner's Questionnaire (VOQ)

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

## FOR AGENCY USE ONLY 758

Date Received 25-JUN-2002  
 Date Rec'd \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_

OFFICE  
DEFECTS INVESTIGATION

Reference No.  
8012551

### OWNER INFORMATION (Type or Print)

[Redacted] 760767  
 [Redacted]  
**KANSAS CITY MO**

Work Number [Redacted]  
 Home 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 authorized signature, your name and address to the vehicle manufacturer.  
 Signature of Owner [Redacted] Date 7/11/02

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1GNDT13W5V2260637 Vehicle Mak CHEVROLET TRUK Vehicle Mode BLAZER Vehicle Year 1997 Current Odometer Reading 59390

Purchase Date 3/01 Dealer's Name Approved Auto Engine Siz (CID/CC/L) \_\_\_\_\_ Turbo   
 New  Used City KC State MO Zip Code 64137 No Cylinders 6 Diesel   
 Gas Fuel Injection

Transmission Type  Manual  Automatic Antilock Brakes  Yes  No  
 Restraint System  3-Point Belt  Motorbelt  Driverside Airbag  2-Point Belt  Passengerside Airbag  
 Cruise Control  Yes  No Drive Train  Front  Rear  4-Wheel  
 Vehicle Type  Car  Sport Utl  Van  Truck  Minivan  Motorcycle  Other  
 Body Style  2-Door  4-Door  Stationwagon  Pick Up  Truck

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

Component 08310000 Part Name(s) ELECTRICAL SYSTEM: WIRING: HARNESS: FRONT: UNDERHOOD Location  Left  Right  Front  Rear  
 Failed Part(s)  Original  Replacement

No of Failures 1 Date(s) of Failure(s) 01-JUN-2002 Mileage at Failure(s) 58000 Vehicle Speed at Failure(s) Parked  
 Failed Part(s)  Yes  No 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 Fire  Yes  No Number of Persons Injured none Number of Fatalities none Estimated Property Damage \$2533.71 Reported to Police  Yes  No

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

**AT START UP CONSUMER SAW SMOKE ON RIGHT SIDE OF HOOD, THEN FLAMES. DEALER DETERMINED IT WAS AN ELECTRICAL PROBLEM, PLEASE PROVIDE FURTHER INFORMATION.\*AK**

CONTINUE ON BACK IF NEEDED

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**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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