



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 436**

Date Received

28-JUN-2002

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

Reference No.

8012978

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		
NOT AVAILABLE	CHEVROLET TRUCK	BLAZER	1997			
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 checked="" 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 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"/> 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 08540000	Part Name(s) EXHAUST GAS RECIRCULATION VALVE (EGR VALVE)	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) 11-JUN-2002 Mileage at Failure(s) 67000 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)

**EGR VALVE FAILED, CAUSING VEHICLE TO SHUTDOWN. VEHICLE LOSES POWER AND DOESN'T RESTART. DEALER HAS REPLACE IT 2 TIMES. PLEASE PROVIDE MORE INFORMATION.\*AK**

CONTINUED 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.

1-800-327-4236

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY</b> 436</p> <p>Date Received <u>6/27/02</u></p> <p>28-JUN-2002 OFFICE OF VEHICLE DEFECTS INVESTIGATION</p> <p>Odor _____ Pet_dirt _____ od_it _____ up_itr _____</p> <p>Reference No. 8012978</p>			
<p>OWNER INFORMATION (Type or Print)</p> <p>1255 EAST 20TH ST BROOKLYN NY [REDACTED] 761642</p>				<p>Work Number _____ Home Number [REDACTED]</p>			
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of an authorized signature, name and address to the vehicle manufacturer.</p> <p>Signature of Owner [REDACTED] Date <u>8/10/02</u></p>							
<p>VEHICLE INFORMATION</p>							
<p>Vehicle Ident. No. (VIN) <u>1-GNCT15W952206449</u> NOT AVAILABLE</p>		<p>Vehicle Make CHEVROLET TRUC</p>		<p>Vehicle Model BLAZER</p>	<p>Vehicle Year <u>1995</u></p>	<p>Current Odometer Reading 67,400</p>	
<p>Purchase Date <u>02/11/1995</u></p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>Dealer's Name <u>BK Chevrolet</u></p> <p>City <u>Brooklyn</u> State <u>N.Y.</u> Zip Code _____</p>		<p>Engine Size (CID/CC/L) <u>4.0</u></p> <p>No. Cylinders <u>6</u></p> <p><input type="checkbox"/> Turbo Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection</p>			
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System <input type="checkbox"/> 3 Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel</p>		<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck</p>
<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>							
<p>Component 06540000</p>	<p>Part Name(s) EXHAUST GAS RECIRCULATION VALVE (EGR VALVE)</p>		<p>Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>		
<p>No of Failures <u>2</u></p>	<p>Date(s) of Failure(s) <u>11 JUN 2002</u> <u>4 (1995) MAINT</u></p> <p>Mileage at Failure(s) <u>67000</u></p> <p>Vehicle Speed at Failure(s) <u>30-35 per Hr.</u></p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p><b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form.)</p>							
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>File <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured <u>0</u></p>	<p>Number of Fatalities <u>0</u></p>	<p>Estimated Property Damag <u>0</u></p>	<p>Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p> <p>EGR VALVE FAILED, CAUSING VEHICLE TO SHUTDOWN. VEHICLE LOSES POWER AND DOESN'T RESTART. DEALER HAS REPLACE IT 2 TIMES. PLEASE PROVIDE MORE INFORMATION.*AK</p> <p><u>1st repair WAS AT KRISTAL CHEVROLET &amp; CADILLAC, Dealer FOR EGR VALVE - (Brooklyn NY) Kings Highway.</u></p> <p><u>2nd WAS AT BK CHEVROLET, BAY PARKWAY, Brooklyn NY EGR VALVE (where vehicle was originally purchased) (1995) NEW</u></p>							

CONTINUE ON BACK IF NEEDED

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VIN # 1GNCT15W952206449