

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration
**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire (VOQ)**
**NATIONWIDE 1-888-DASH-2-DOT**  
**1-888-327-4236**  
**www.nhtsa.dot.gov/hotline**
**FOR AGENCY USE ONLY 333**

Date Received

03-MAR-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

857897

 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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNCS13W9V2133176	CHEVROLET TRU	BLAZER	1997	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 05220000 12420000	Part Name(s) ENGINE COOLING SYSTEM:HOSES INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 24-FEB-2000 Mileage at Failure(s) 35000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

WHILE DRIVING DOWN ROAD ENGINE CHECK LIGHT CAME ON. AT THE SAME SAME TIME OIL WAS PUMPING ON THE LEFT FRONT ROTOR, AND LOST ALL OIL. PULLED OVER. CONTACTED DEALER AND MANUFACTURER, AND HAD VEHICLE TOWED. ENGINE COOLING LINE WAS RUBBING AGAINST SOMETHING WHICH CAUSED A HOLE IN THE LINE. DEALER REPLACED COOLING LINE. \*AK

CONTINUED ON BACK PLEASE

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		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 333 RECEIVED Date Received: 00 MAR 27 AM 10:50 03-MAR-2000 OFFICE EFFECTS DIVISION LOCATION: _____ Reference No. 857897	
OWNER INFORMATION (Type or Print)				Work Num	
[Redacted]				Home Num	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized signature, please provide name and address to the vehicle manufacturer.				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Signature of Owner [Redacted]				Date 03/15/2000	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNCS13W9V2133176		CHEVROLET TRU	BLAZER	1997	36200
Purchase Date 01-13-1997		Dealer's Name CENTURY CHEVROLET		Engine Size (CID/CC/L) 4.3	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		City Birmingham State AL Zip Code 35210		No Cylinders 4	
Transmission Type	AntiLock Brakes	Restraint System		Cruise Control	Drive Train
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
				Vehicle Type	
				<input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport UT <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 checked="" 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	Part Name(s)		Location		Failed Part(s)
06220000 12420000	ENGINE COOLING SYSTEM:HOSES INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR		<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)		Failed Part(s) Available?		NHTSA Previously Contacted?
Two	24-FEB-2000 35000 40 MPH		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NONE	NONE	\$160.00 plus	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
WHILE DRIVING DOWN ROAD ENGINE CHECK LIGHT CAME ON. AT THE SAME SAME TIME OIL WAS PUMPING ON THE LEFT FRONT ROTOR, AND LOST ALL OIL. PULLED OVER. CONTACTED DEALER AND MANUFACTURER, AND HAD VEHICLE TOWED. ENGINE COOLING LINE WAS RUBBING AGAINST SOMETHING WHICH CAUSED A HOLE IN THE LINE. DEALER REPLACED COOLING LINE. *AK					
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 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.					

**SERRA**  
**CHEVROLET-GEO**  
**SUBARU-HYUNDAI**  
 1170 CENTER POINT PARKWAY  
 BIRMINGHAM, ALABAMA 35215  
 205-853-2906



841-1822

**SERRA**  
**CHEVROLET-GEO**  
 630 FIELDSTOWN ROAD  
 GARDENDALE, ALABAMA 35071  
 205-631-2277

ADVISOR <b>MICHAEL BOY</b>	FAC NO <b>614</b>	INVOICE DATE <b>02/28/00</b>	INVOICE NO. <b>CTCR117823</b>
LABOR RATE <b>80.00</b>	LICENSE NO <b>785</b>	COLOR <b>TAN</b>	STOCK NO
YEAR / MAKE / MODEL <b>97/CHEVROLET TRUCK/S10 BLAZER/SU 4DR</b>	DELIVERY DATE	DELIVERY MILES	
VEHICLE I.E. NO. <b>1R8R11W0Y213317R</b>	SELLING DEALER NO	PRODUCTION DATE	
P.T.E. NO	P.O. NO	9.0 DATE <b>02/24/00</b>	
PHONE	COMMENTS		

LABOR & PARTS  
 # 1 11CVZ ENGINE HOURS: 1.50 TECH(S): 591 90.00  
 C/S HAS A BAD FLUID LEAK EITHER OIL OR TRANS FLUID  
 FOUND OIL COOLER LINES LEAKING HAS HOLE RUBBED IN THEM  
 REPLACED LINES AND GASKETS CHANGED OIL AND FILTER NO LEAK  
 PRESENT AT THIS TIME

PARTS	QTY	FP NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	PRICE
JOB # 1	1	15730170	HOSE 1.540	32.50		32.50
JOB # 1	1	10244496	SEAL OIL 1.044	0.82		0.82
JOB # 1	1	10108436	GASKET 1.040	2.47		2.47
JOB # 1	1	20106	CLEANER B.000	6.95		6.95
JOB # 1	1	25171377	FILTER 1.836	8.08		8.08
JOB # 1 TOTAL PARTS						48.82
JOB # 1 TOTAL LABOR & PARTS						138.82

G.O.G. & SUPPLIES  
 JOB # 1 4.5 1 QUART ENGINE OIL @ 2.000 /UNIT TOTAL - GOG 9.00

MISC. CODE DESCRIPTION CONTROL NO.  
 JOB # A SUP SHOP SUPPLYS 9.00  
 JOB # A HZ HAZARDOUS WASTE 1.00  
 TOTAL - MISC 10.00

TOTALS

TOTAL LABOR	90.00
TOTAL PARTS	48.82
TOTAL SUBLET	0.00
TOTAL G.O.G.	9.00
TOTAL MISC CHG.	10.00
TOTAL MISC DISC	0.00
TOTAL TAX	2.44
<b>TOTAL INVOICE \$</b>	<b>160.13</b>

\*\*\*\*\* GOODWRENCH SERVICE PLUS \*\*\*\*\*  
 \* PARTS IDENTIFIED BY A "\*" NEXT TO THE PART \*  
 \* NUMBER ARE COVERED BY A LIFETIME WARRANTY \*  
 \* LABOR AND PART. THIS WARRANTY APPLIES TO GM \*  
 \* VEHICLES ONLY. \*  
 \*\*\*\*\*

CUSTOMER SIGNATURE

*Paid  
 Discover  
 by phone*



**LIFETIME  
 SERVICE  
 GUARANTEE**