

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

335

Date Received

17-MAY-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

862053

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	CHEVROLET TRU	BLAZER	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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 <input type="checkbox"/> Manual <input 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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertial <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
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## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10230000	Part Name(s) VISUAL SYSTEMS:MIRRORS:OTHER	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 0	Date(s) of Failure(s) 17-DEC-1999 Mileage at Failure(s) 21100 Vehicle Speed at Failure(s) 0	Failed Part(s) Available?   Yes   No	NHTSA Previously Contacted?   Yes   No
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## 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 0	Number of Fatalities 0	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)

DRIVERS SIDE HEATED MIRROR, THAT BECOMES HEATED WHEN PUT ON REAR DEFROSTER, IS CRACKED. CONSUMER FEELS IT CRACKED FROM COLD WEATHER CONDITIONS. \*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 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.

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Reference No.

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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 <b>CHEVROLET TRU</b>	Vehicle Model <b>BLAZER</b>	Vehicle Year <b>1998</b>	Current Odometer Reading
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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 <input type="checkbox"/> Manual <input 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"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 Ult <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 _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 10230000	Part Name(s) VISUAL SYSTEMS:MIRRORS:OTHER	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
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No. of Failures 0	Date(s) of Failure(s) 17-DEC-1999 Mileage at Failure(s) 21160 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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 0	Number of Fatalities 0	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)**

**DRIVERS SIDE HEATED MIRROR, THAT BECOMES HEATED WHEN PUT ON REAR DEFROSTER, IS CRACKED. CONSUMER FEELS IT CRACKED FROM COLD WEATHER CONDITIONS. \*AK**

CONTINUED ON BACK (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.

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<p><b>Vehicle Owner's Questionnaire (VOQ)</b></p>			
<p>DEFECTS INVESTIGATION OFFICE 17-MAY-2000 NO JUL - 3 AM 10:00 od ar r dt od tr up lr Reference No. 862053</p>		<p>608968</p>	
<p>Work Number Home No.</p>		<p>608968</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of your signature, the name and address of the vehicle manufacturer.</p>			
<p>Signature of Owner</p>			
<p><b>VEHICLE INFORMATION</b></p>			
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GACT18W5W221178</p>	<p>Vehicle Make CHEVROLET TRU</p>	<p>Vehicle Model BLAZER</p>	<p>Vehicle Year 1998</p>
<p>Purchase Date May 1998</p>	<p>Dealer's Name Holley Brothers</p>	<p>City Bocon</p>	<p>State NY</p>
<p>Used <input checked="" type="checkbox"/> New <input type="checkbox"/></p>	<p>Engine Size (CID/CIL) 6</p>	<p>No. Cylinders 6</p>	<p>Fuel Injection <input checked="" type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas</p>
<p>Transmission Type <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger Side Airbag</p>	<p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p>Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>			
<p>Component 10230000</p>	<p>Part Name(s) VISUAL SYSTEMS-MIRRORS:OTHER</p>	<p>Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failures 0</p>	<p>Date(s) of Failure(s) 17-DEC-1999</p>	<p>Mileage at Failure(s) 21160</p>	<p>Vehicle Speed at Failure(s) 0</p>
<p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>(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>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 0</p>	<p>Number of Failures 0</p>
<p>Estimated Property Damage</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)</b></p>	
<p>DRIVERS SIDE HEATED MIRROR, THAT BECOMES HEATED WHEN PUT ON REAR DEFROSTER, IS CRACKED. CONSUMER FEELS IT CRACKED FROM COLD WEATHER CONDITIONS. *AK I got a friend with a 1999 after Blazer with heated side mirrors and the same thing happens to him. I think there is a problem with the heated mirrors and it is causing them to crack.</p>			
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