

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 241

Date Received

30-JUN-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

864599

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
1GNDT13W3T2254283	CHEVROLET TRU	BLAZER	1996	

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 type="checkbox"/> New <input checked="" 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 checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Inert Inert <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 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 12250000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	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	Date(s) of Failure(s) 22-JUN-2000 Mileage at Failure(s) 45000 Vehicle Speed at Failure(s) _____	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.)

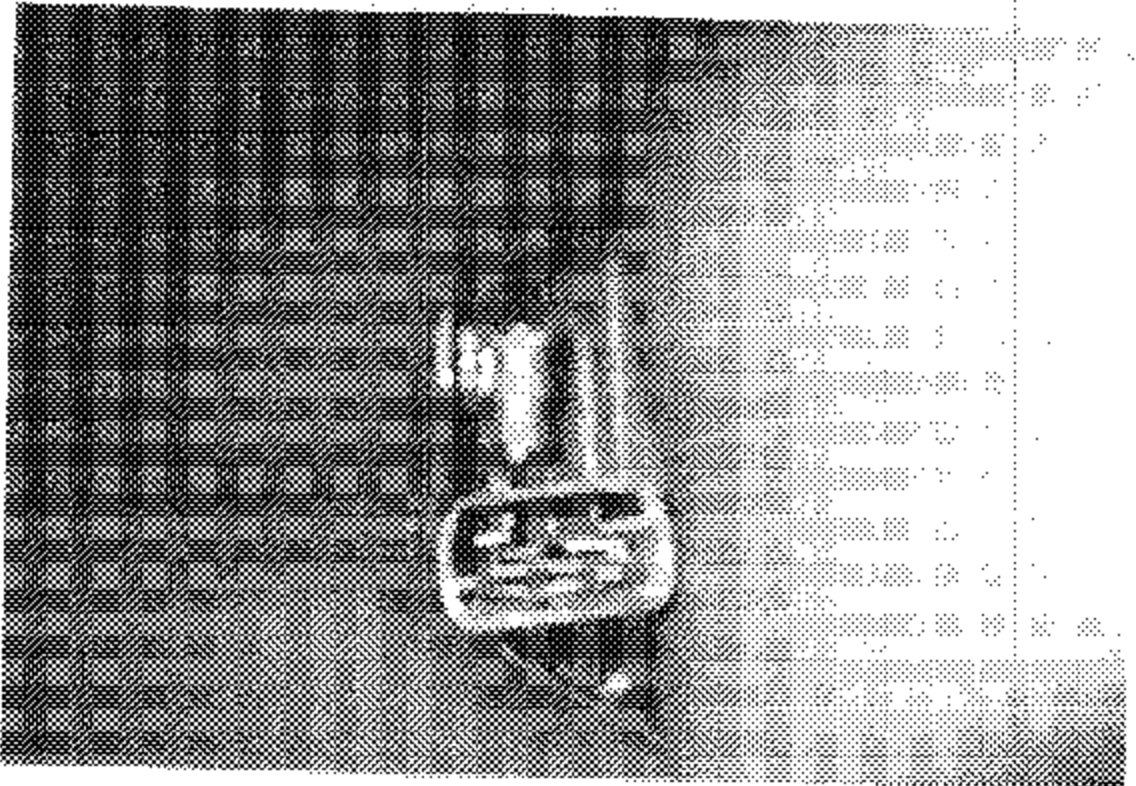
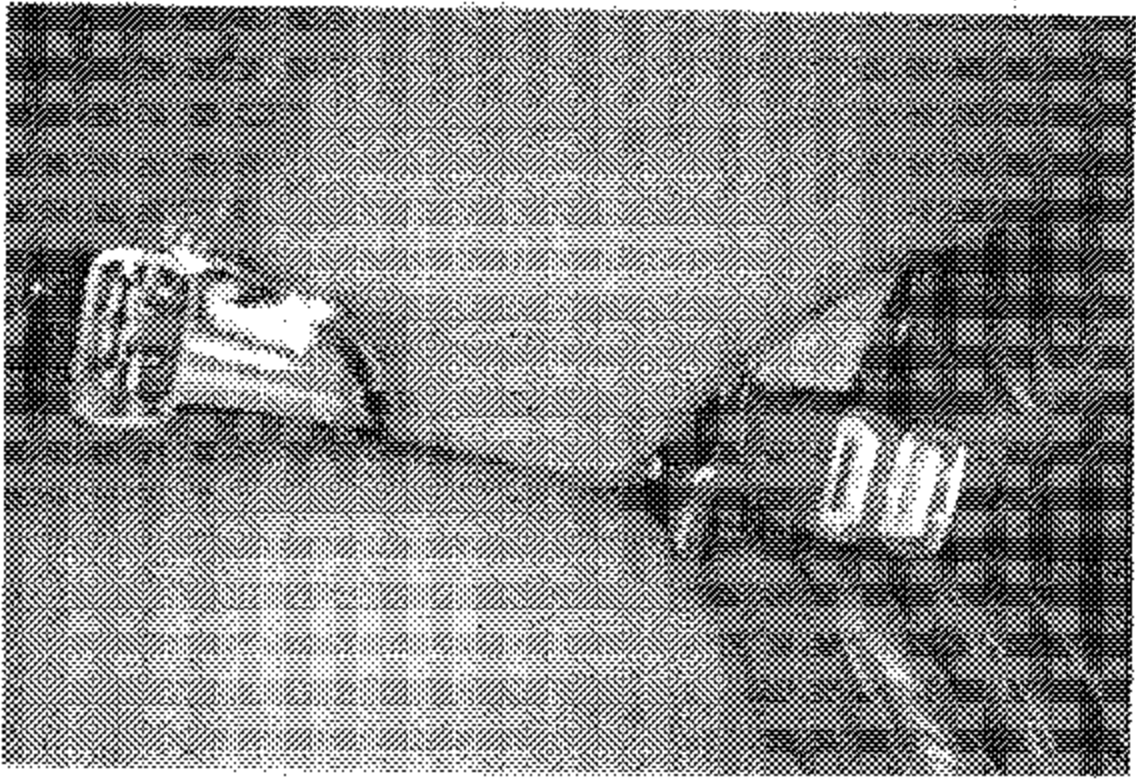
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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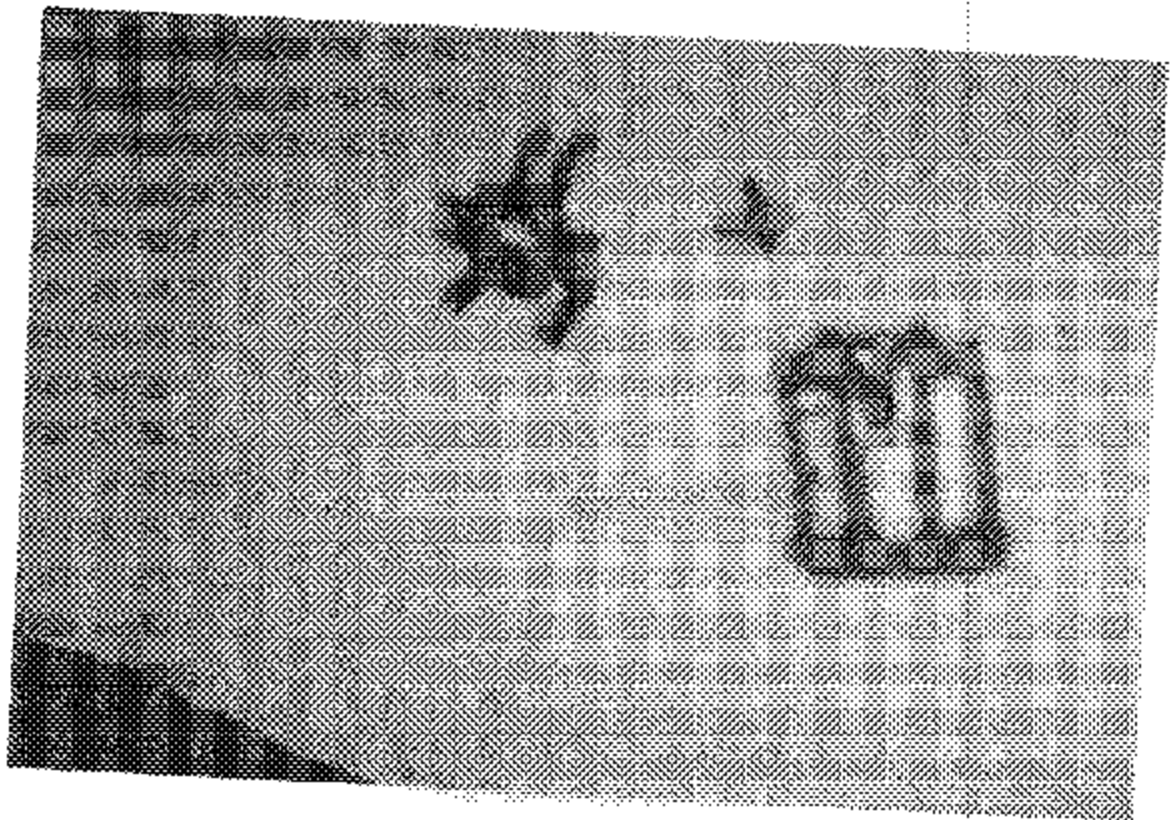
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

REAR DRIVER'S SIDE SHOULDER BELT BUCKLE BROKE INTO PIECES;, LEAVING CONSUMER WITHOUT ANY RETRAINT. DEALER NOTIFIED, AND INFOMED CONSUMER THAT VEHICLE WAS NOT COVERED UNDER RECALL97V096001, AND ANY REPAIRS/REPLACEMENT WOULD BE AT CONSUMER'S COST. FEEL FREE TO PROVIDE FURTHER DETAILS. "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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U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire (VOQ)

OWNER INFORMATION (Type or Print)

617757

Reference No. 884599

FOR AGENCY USE ONLY 241
Date Received 09 SEP 20 PM 3:00
OFFICE DEFECTS INVESTIGATION
30-JUN-2000
DD or
it dt
up Th

Work Number
Home Number

Do you authorize NHTSA to provide a copy of your information to the manufacturer of your vehicle?
YES NO

Signature of Owner
Date 09/14/00

Vehicle Ident. No. (VIN) 1GNDT13W312254283 <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make CHEVROLET TRU	Vehicle Model BLAZER	Vehicle Year 1996	Current Odometer Reading
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Purchase Date 11-99	<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name Rally Buick-GMC	City/State/Zip Chico, Spgs, Ga	Engine Size (CID/CYL) 6	No. Cylinders 6	Turbo <input type="checkbox"/>	Diesel <input type="checkbox"/>	Gas <input type="checkbox"/>	Fuel Injection <input checked="" type="checkbox"/>
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Transmission Type <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Articulation Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt	Driver's Side Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbelt	Passenger Side Airbag <input type="checkbox"/>	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Other	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
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Component 12250000	Part Name(s) INTERIOR SYSTEMS: ACTIVE RESTRAINTS: BELT BUCKLES	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 1	Date(s) of Failure(s) 22-JUN-2000	Mileage at Failure(s) 45000	Vehicle Speed at Failure(s) Parked	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION INCIDENT INFORMATION <small>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es) on the back of this form.)</small>					
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 0	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>REAR DRIVER'S SIDE SHOULDER BELT BUCKLE BROKE INTO PIECES, LEAVING CONSUMER WITHOUT ANY RESTRAINT. DEALER NOTIFIED, AND INFORMED CONSUMER THAT VEHICLE WAS NOT COVERED UNDER RECALL 97V09604, AND ANY REPAIRS/REPLACEMENT WOULD BE AT CONSUMER'S COST. FEEL FREE TO PROVIDE FURTHER DETAILS. AK Complete assembly had to be ordered.</p>					

CONTINUE ON BACK IF NEEDED

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