



U.S. Department  
of Transportation

National 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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY

241

Date Received

28-JUL-2000

Od\_or \_\_\_\_\_

rt\_dt \_\_\_\_\_

od\_rt \_\_\_\_\_

up\_ltr \_\_\_\_\_

Reference No.

866268

OWNER INFORMATION (Type or Print)

DATE

SCHROBIL GEN

623686

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

28-JUL-2000

 Od\_or \_\_\_\_\_  
 Rt\_dt \_\_\_\_\_  
 Od\_rt \_\_\_\_\_  
 Up\_ltr \_\_\_\_\_

Reference No.

866268

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.) _____<br><small>(located at front of vehicle or on driver's side)</small> | Vehicle Make<br><b>CHEVROLET TRU</b> | Vehicle Model<br><b>BLAZER</b> | Vehicle Year<br><b>1994</b> | Current Odometer Reading |
|-----------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|-----------------------------|--------------------------|

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

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                                               |                                                                                          |                                                                                                                    |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | Body Style<br><input type="checkbox"/> Sport Vlt<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                              |                                                                                                                    |                                                                                                                                                |                                                                                             |
|------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>02000000</b> | Part Name(s)<br><b>SUSPENSION</b>                                                                                  | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Right<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures              | Date(s) of Failure(s) <u>10-06-1997</u><br>Mileage at Failure(s) <u>51000</u><br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br>  Yes   No                                                                                                        | NHTSA Previously Contacted?<br>  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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

INTERMITTENTLY VEHICLE HAS BEEN EXPERIENCING A SEVERE VIBRATION WHEN STARTING FROM A COLD START; VEHICLE BEEN IN DEALER SHOP ON THREE OCCASIONS, AND AT INDEPENDENT REPAIR SHOP ON ONE OCCASION. STILL UNABLE TO FIND THE PROBLEM. FEEL FREE TO PROVIDE ANY 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.

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

 03 SEP 21 AT 9:11  
 28 JUL 2000  
 OFFICE  
 DEFECTS INVESTIGATION

Old or

Redt

od\_r

up\_ltr

Reference No.

866268

Work Number

Home Num 010000 1000

## OWNER INFORMATION (Type or Print)

623696

 Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
☒ YES☐ NO

Signature of Owner

Date 9/9/00

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of  
windshield on driver's side)

Vehicle Make

Vehicle Model

Vehicle Year

Current Odometer Reading

PLEASE FILL IN 1GNDT13W7ROM1

CHEVROLET TRU

BLAZER

1994

59,941

Purchase Date

Dealer's Name GARV'S AUTOMOTIVE

Engine Size  
(CID/CC/L)

4.3

☐ Turbo☐ Diesel☒ Gas☒ Fuel Injection☐ New ☒ Used

City DURBUQUE State IA Zip Code 52001

No Cylinders

6

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☒ Yes☒ 3-Point Belt☐ Motorbelt☒ Yes☐ Front☐ Van☒ Sport Ult☐ 2-Door☒ Automatic☐ No☒ Driverside Airbag☐ 2-Point Bet☐ No☒ Rear☐ Minivan☐ Motorcycle☐ Stationwagon☐ Passengerside Airbag☒ 4-Wheel☐ Other☐ Pick Up Truck☒ Other

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

Component

Part Name(s)

Location

Failed Part(s)

02000000

SUSPENSION

☐ Left☐ Right☐ Original☐ Front☐ Rear☐ Replacement

No of Failures

Date(s) of Failure(s) 10-OCT-1997

Mileage at Failure(s) 51000

Vehicle Speed at Failure(s)

Failed Part(s)

Available?

NHTSA Previously

Contacted?

☐ Yes ☐ No☐ 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

Fire

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

Reported to Police

☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ No

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

INTERMITTENTLY VEHICLE HAS BEEN EXPERIENCING A SEVERE VIBRATION WHEN STARTING FROM A COLD START; VEHICLE BEEN IN DEALER SHOP ON THREE OCCASIONS, AND AT INDEPENDENT REPAIR SHOP ON ONE OCCASION. STILL UNABLE TO FIND THE PROBLEM. FEEL FREE TO PROVIDE ANY FURTHER DETAILS. \*AK

The independent mechanic I took the vehicle to did not charge me because he couldn't get the problem to present itself since it only happens once in awhile so I have no receipt from him.

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.



# RUNDE

CHEVROLET, INC.

HIGHWAY 35 NORTH • EAST DUBUQUE, ILLINOIS 61025 • PHONE (815) 747-3011

CUSTOMER COPY

TR# 13813

RON C90936 P6 1  
DATE 7/14/00 - 7/24/00  
PON  
WRITER PNT  
APPROVAL PNT /PNT

OWNER 13813 UNIT# W7R0147242 1994 CHEV BLAZER TAHOE 4DR CURR MI 51,283.0  
DELIVERED: 7/07/94 TRANSMISSION: AUTO  
VIN: 16NDT13W7R0147242 ENGINE: 4.3L  
PRODUCTION WT COLOR:

LIST UNIT PRC EXT

(C) 1. COMPLAINT: LEAK AT RADIATOR

CORRECTION: PRESSURE TEST COOLING SYSTEM NO LEAKS FOUND

LABOR: 12.40

SUBTOTAL LABOR 12.40

(C) 2. COMPLAINT: INTERMITTENTLY STARTS AND RUNS ROUGH

CORRECTION: CLEAN INJECTORS AND TEST FUEL PRESSURE

LABOR: 43.40

PARTS: 1.00 12345104 DETERGENT 17.50 17.50

SUBTOTAL LABOR 43.40

SUBTOTAL PARTS 17.50

TOTAL LABOR 55.80

TOTAL PARTS 17.50

REPAIR ORDER SUBTOTAL 73.30

\*SALES TAX 1.09

REPAIR ORDER TOTAL 74.39

CHARGED TO CREDIT CARD 74.39

*[Handwritten signature]*  
Mastercard  
7/24/00

I hereby authorize the repair work herein set forth to be done (including parts and materials) and agree to make payment therefore in CASH, unless it is otherwise agreed and so set forth in this order. I understand that as a member of Runde Inc. I am not

X

**Richardson**1475 Kennedy Road  
DUBUQUE, IA 52002-5288  
Phone 319/582-5411SD# 94261 DATE/TIME IN: 5/27/1999 15:35 DATE/TIME OUT: 5/27/1999 16:18  
SA# 025 DOC COUNT: 1 PAGE: 101 1GNDT13W7R0147242  
1994 CHEVROLET S-T BLAZER  
ENGINE: L35 4.3LV6

MILES IN/OUT 34831 /

LINE 1 CHECK FOR ENG RUNS ROUGH

REPAIR 1 SCOPE CHECK, REPLACE PLUGS, FUEL FIL.

OPCODE: TU6

SALE TYPE: CASH CUSTOM

\$39.11

PRIMARY TECH: 009

| PARTS | DESC                 | FP | QTY | PRICE  | SALE TYPE       |         |
|-------|----------------------|----|-----|--------|-----------------|---------|
| GM    | 5614288 SPARKPLUG N  |    | 6   | 2.430  | CASH CUSTOMER P | \$14.58 |
| GM    | 25055052 FUEL FLTR N |    | 1   | 17.050 | CASH CUSTOMER P | \$17.05 |

LINE TOTAL \$70.74



CUSTOMER SIGNATURE \_\_\_\_\_

|                       |         |
|-----------------------|---------|
| LABOR .....           | \$39.11 |
| PARTS .....           | \$31.63 |
| HAZD MATERIALS .....  | \$2.35  |
| TAX (Dubuque City Ta) | \$ .73  |
| TAX (Iowa State Tax ) | \$3.65  |
| CUSTOMER TOTAL .....  | \$77.47 |
| PAYMENT (CASH )       | \$77.47 |



3255 University Ave. • P.O. Box 57  
Toll Free 1 (800) 747-4042  
Phone (818) 583-8121  
DUBUQUE, IOWA 52004-0057

OH 113942 DATE/TIME IN: 7/06/1999 12:11 DATE/TIME OUT: 7/07/1999 13:18  
AGE 62 SPN 798 DOC COUNT: 1 PAGE: 1

1 1GNDT13M7R0147242  
1994 CHEVROLET BLAZER GREEN  
ENGINE: 3.5 4.0L V6  
MILES IN/OUT 36559 /

LINE 1 INSPECT STARTS HARD COLD COND  
TECH COMM: LET SIT OVERNIGHT MANUALLY TEST FUEL PRESURE COLD  
— OK 59 LBS— TECH 2 COMPUTER-SYSTEM EGR VALVE  
STICKING, REMOVE EGR VALVE AND CLEAN PASSAGES  
TO EGR VALVE SYSTEM

REPAIR 1 CLEAN EGR VALVE PASSAGES  
OPCODE: INSPECT SALE TYPE: CASH MECHAN \$96.60  
PRIMARY TECH: THOMAS KUHLE

| PARTS      | DESC         | QTY | PRICE  | SALE TYPE       |          |
|------------|--------------|-----|--------|-----------------|----------|
| 36         | 208 INJ CLNR | N 1 | 36.500 | CASH MECHANICAL | \$36.50  |
| LINE TOTAL |              |     |        |                 | \$133.10 |

LINE 2 INSPECT NOISE IN BRAKES  
TECH COMM: CLEAN AND ADJUST ALL BRAKES FT 80% REARS 60%  
CLEAN AND ADJUST

REPAIR 1 CLEAN AND ADJUST ALL BRAKES  
OPCODE: INSPECT SALE TYPE: CASH MECHAN \$23.20  
PRIMARY TECH: THOMAS KUHLE  
LINE TOTAL \$23.20

LINE 3 INSPECT SQUEAK IN UNIT OWNER HEARS AT STOP SIGNS  
WITH PRESURE ON GAS  
TECH COMM: ROAD TEST UNIT ADJUST ALIGN EXHAUST AND  
REALIGN RT SIDE TORSION BAR MOUNT

REPAIR 1 REALIGN EXHAUST AND AND RT SIDE TORSION BAR  
OPCODE: REPAIR SALE TYPE: CASH MECHAN \$34.15  
PRIMARY TECH: THOMAS KUHLE  
LINE TOTAL \$34.15



3255 University Ave. • P.O. Box 67  
Toll Free 1 (800) 747-4042  
Phone (319) 583-9121  
DUBUQUE, IOWA 52004-0067

SON 113942 DATE/TIME IN: 7/06/1999 12:11  
TAB# 62 SA# 798

DATE/TIME OUT: 7/07/1999 13:18  
DOC COUNT: 1 PAGE: 2

01 1GNDT13W7R0147242

CUSTOMER SIGNATURE

|                        |          |
|------------------------|----------|
| LABOR .....            | \$153.95 |
| PARTS .....            | \$36.50  |
| TAX (Dubuque City Tax) | \$1.89   |
| TAX (Iowa State Tax)   | \$9.52   |
| CUSTOMER TOTAL .....   | \$201.86 |
| PAYMENT (CASH)         | \$201.86 |

Approval: 007046.  
at. 201.86.