

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 119

Date Received

31-JUL-2000

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

Reference No.

866335

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
1GNBT13W462138240	CHEVROLET TRU	BLAZER	1997	

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

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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag	<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"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

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

Component 13100000 02132000	Part Name(s) STRUCTURE:FRAME:MEMBERS AND BODY SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN T	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) _____ Mileage at Failure(s) _____ 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)

WHEN DRIVING RIGHT FRONT BALL JOINT BROKE AND THE A FRAME COMPLETELY COLLAPSED/ROKE IN HALF WHEN DRIVING 40 MPH. CONSUMER HAS CONTACTED DEALER. PLEASE PROVIDE ANY FURTHER DETAILS. \*AK

CONTINUED 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.

<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY 119</b> Date Received 30 AUG 30 AM 10:30 31-JUL-2000 OFFICE DEFECTS INVESTIGATION	
U.S. Department of Transportation National Highway Traffic Safety Administration		Od_or _____ Pt_dt _____ od_rt _____ up_tr _____ ON	
OWNER INFORMATION (Type or Print) [Redacted]		Reference No. 866335	
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 In the absence of a signature, NHTSA will use the name and address to the vehicle manufacturer.		Work Number [Redacted] Home Number [Redacted]	
Signature of Owner [Redacted] Date 8/12/00			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GNB13W462138240	Vehicle Make CHEVROLET TRU	Vehicle Model BLAZER	Vehicle Year 1997
Current Odometer Reading		Purchase Date 6-30-99	
Dealer's Name <u>Capital Ford</u> City <u>Madison</u> State <u>WI</u> Zip Code <u>53718</u>		Engine Size (CID/CC/L) _____ No Cylinders _____ <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 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
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 13100000 02132000	Part Name(s) STRUCTURE: FRAME MEMBERS AND BODY SUSPENSION: INDEPENDENT FRONT CONTROL ARM: UNKNOWN T	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>July 20 - 2000</u> Mileage at Failure(s) <u>63,070</u> Vehicle Speed at Failure(s) <u>40-50 mph</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHEN DRIVING RIGHT FRONT BALL JOINT BROKE AND THE <sup>right wheel</sup> FRAME COMPLETELY COLLAPSED/ROKE <sup>Broke</sup> IN HALF WHEN DRIVING 40 MPH. CONSUMER HAS CONTACTED DEALER. PLEASE PROVIDE ANY FURTHER DETAILS. *AK white driving on vacation in Colorado, without warning, our Right front ball joint broke, crushing our tire & rendering us immobile. If there would have been oncoming traffic, or if there we would have been traveling on the freeway — we all would have been killed. our Blazer had been completely serviced at Ballweg Chevy 1 week before.			
CONTINUE ON BACK IF NEEDED			
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NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration  
400 Seventh St., S.W.  
Washington, D.C. 20590  
Official Business  
Penalty for Private Use \$300

U.S. G.P.O.: 1982 - 423-827 / 82286

1  
[Redacted]  
Everything was checked to prepare for trip & we had  
4 new tires placed. It is totally inappropriate &  
dangerous for a ball joint to just break, especially  
at 40,000 miles!  
GM was unsympathetic. Their response was that  
after 40,000 miles the warranty is expired. They  
do not stand behind their products or make a  
vehicle with the intention of longevity. Something  
went wrong when our Blazer was put together. It  
could happen again at any time.

Fold to show Return Address (no stamp needed) Fasten with tape or staples and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.	MANUFACTURER/TIRE NAME	SIZE
DOT		

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)



441 Blue River Pkwy.  
Silverthorne, Colorado  
Phone (970) 468-0391

Items used on your vehicle. Applicable items are: nuts, bolts, washers, tape, pins, aerospray, shellac, solvent, rags, carburetor cleaner, towels, solder, battery cleaner, wire, window sealant, etc. 5% labor charges at \$5.00 maximum.

ADDRESS: P.O. Box 23049 Silverthorne, Colorado 80498

JIM HUDSON CHEVROLET/OLDS-GEN  
P O BOX 168  
SILVERTHORNE CO 80498-0168  
303-468-8391

DATE 8/27/88

TIME 12:56 PM

ITEM # 802 SALE 2195.25  
ACC # 103  
RESP# AUTH/TRK 810323

Bill

ADVISOR JERRY A ZEISE 280	CARD NO.	INVOICE DATE 07/27/00	INVOICE NO. CTCS20676
LABOR RATE	LICENSE NO.	MILEAGE 63070	COLOR RED/
YEAR/MAKE/MODEL 97/CHEVROLET TRUCK/BLAZER/TRK 4DR 4W		DELIVERY DATE	DELIVERY MILES
VEHICLE ID. 1 N T 3 4	SELLING DEALER NO.		PRODUCTION DATE
F.T.E. NO.	P.O. NO.	P.O. DATE 07/20/00	

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD TERMS

Suspension TECH(S):103  
Front Busted / POSSIBLE BALL JOINT

432.00

Front came apart at the socket  
on interstate  
roll arm, both ball joints, brake backing  
heel, & tire  
Y GO. WARRANTECH AUTHORIZATION #000711855  
NOTION DATED 7/24/00 4:15 P.M.  
P = RICHARD.

RETAIN THIS COPY FOR YOUR RECORDS

PARTS	QTY	FP NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	
JOB # 1	1	17980952	B/JNT 6.164	94.43	94.43	94.43
JOB # 1	1	22156908	STUD KIT 6.174	73.58	73.58	73.58
JOB # 1	1	7470013	HUB KIT, F 6.307	430.83	430.83	430.83
JOB # 1	1	15001508	ARM KIT, F 6.168	247.73	247.73	247.73
JOB # 1	1	12356739	WHEEL 15X7 5.803	421.20	421.20	421.20
JOB # 1	1	55318	TIRE	135.00	135.00	135.00
JOB # 1	1	55318TIRE	55318TIR DISPOSAL	5.00	5.00	5.00
JOB # 1	1	15727018	SHIELD 5.002	76.76	76.76	76.76
JOB # 1	1	274288	STEM 5.875	2.00	2.00	2.00
JOB # 1	1	9591582	WT-.05 OZ 5.805	1.20	1.20	1.20
JOB # 1	1	9591583	WEIGHT 5.805	1.30	1.30	1.30
JOB # 1 TOTAL PARTS						1489.03
JOB # 1 TOTAL LABOR & PARTS						1921.03

J# 2+23CVZ ALIGNMENTS WRK TECH(S):107  
CHECK FRONT END ALIGNMENT  
REALIGN TO FACTORY SPECS

108.00

PARTS	QTY	FP NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	
JOB # 2 TOTAL PARTS						0.00
JOB # 2 TOTAL LABOR & PARTS						108.00

G.O.G. & SUPPLIES

JOB # 1	FREIGHT (PARTS)					45.73
TOTAL - GOG						45.73

JOB # A	SS	SHOP SUPPLIES				5.00
TOTAL - MISC						5.00

AIWS  
PO Box 941030  
Maitland, FL 32794



*Denver rental*

ENTERPRISE LEASING COMPANY OF DENVER  
1500 N. GARDEN ROAD, DENVER, CO 80202-3400  
303-733-7000

YEAR: 1997  
RENTAL TYPE: [REDACTED]  
SOURCE: [REDACTED]  
NO. D

START CHARGES IF DIFFERENT

**ORIGINAL VEHICLE**

COLOR: [REDACTED] LICENSE NO. [REDACTED]  
MODEL: [REDACTED] YEAR: [REDACTED]

DRIVER'S LICENSE: [REDACTED] STATE: [REDACTED] EXPIRES: [REDACTED]

DOB: [REDACTED] HEIGHT: [REDACTED] WEIGHT: [REDACTED] EYES: [REDACTED] HAIR: [REDACTED]

SOCIAL SECURITY #: [REDACTED] EMPLOYER: [REDACTED]

BILL TO: [REDACTED] COMPANY: [REDACTED]  
ADDRESS: [REDACTED]  
CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]  
PHONE: [REDACTED] EXT: [REDACTED]

RENTER ACCEPTS DAMAGE RESPONSIBILITY  RENTER REQUESTS DAMAGE WAIVER   
RENTER DECLINES PERSONAL ACCIDENT INSURANCE  RENTER REQUESTS PERSONAL ACCIDENT INSURANCE   
RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP)  RENTER REQUESTS OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP)

VEHICLE DAMAGE WAIVER: [REDACTED]

RETURN CONDITION:  CONDITION AGREED TO:

OUT: E 1/4 1/2 3/4 F  
IN: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

RENTAL AGREEMENT NO. D

Check for RENT DAMAGE WAIVER

540.00  
27.00

48.7

501.7

501.70

1416

RECEIPT FOR CASH REFUND

DATE RECEIVED BY: X

AMOUNT: [REDACTED]

CLAIM INFORMATION

POL. OR CL. # [REDACTED]

INSO. [REDACTED]

LOSS DATE: [REDACTED] THEFT: [REDACTED] ACCIDENT: [REDACTED]

PHONE: [REDACTED] NAME: [REDACTED]

REPAIR SHOP: [REDACTED]

TIRE CAR: [REDACTED]

**VEHICLE**

COLOR: [REDACTED] LICENSE NO. [REDACTED]  
MODEL: [REDACTED] YEAR: [REDACTED]

PERMISSION GRANTED FOR VEHICLE TO LEAVE THE STATE:  YES  NO STATES: [REDACTED]

RETURN CONDITION:  CONDITION AGREED TO:

OUT: E 1/4 1/2 3/4 F  
IN: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

ADDITIONAL DRIVER - NONE PERMITTED WITHOUT ENTERPRISE'S APPROVAL.

AGE: [REDACTED] LICENSE NO. [REDACTED] STATE: [REDACTED] EXP. [REDACTED]

ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED] PHONE: [REDACTED]

PERMISSION GRANTED FOR VEHICLE TO LEAVE THE STATE:  YES  NO STATES: [REDACTED]

DATE: [REDACTED]

ENTERPRISE REP: [REDACTED] EMP: [REDACTED]

NOTICE: THIS CONTRACT OFFERS, FOR AN ADDITIONAL CHARGE, A COLLISION DAMAGE WAIVER TO COVER YOUR RESPONSIBILITY FOR DAMAGE TO THE VEHICLE. YOU ARE ADVISED NOT TO SIGN THIS WAIVER IF YOU HAVE RENTAL VEHICLE COLLISION COVERAGE PROVIDED BY CERTAIN GOLD OR PLATINUM CREDIT CARDS OR COLLISION INSURANCE ON YOUR OWN VEHICLE. BEFORE DECIDING WHETHER TO PURCHASE THE COLLISION DAMAGE WAIVER, YOU MAY WISH TO DETERMINE WHETHER YOUR OWN VEHICLE INSURANCE AFFORDS YOU COVERAGE FOR DAMAGE TO THE RENTAL VEHICLE AND THE AMOUNT OF THE DEDUCTIBLE UNDER YOUR OWN INSURANCE COVERAGE. THE PURCHASE OF THIS COLLISION DAMAGE WAIVER IS NOT MANDATORY AND MAY BE WAIVED.

DATE/TIME: [REDACTED] ORIG. DEP: [REDACTED] AMOUNT: [REDACTED] PD BY: [REDACTED] TYPE: [REDACTED] DATE NO.: [REDACTED] AUTH #: [REDACTED]

EXT. TO: [REDACTED] ADDTL. DEP: [REDACTED]

EXT. TO: [REDACTED] ADDTL. DEP: [REDACTED]

EXT. TO: [REDACTED] ADDTL. DEP: [REDACTED]

EXT. TO: [REDACTED] ADDTL. DEP: [REDACTED]

ADDITIONAL INFORMATION:

STORAGE AND REPAIR: [REDACTED]

AMOUNT DUE: 501.70

PAID BY: CASH

RECEIPT FOR CASH REFUND

DATE RECEIVED BY: X

AMOUNT: [REDACTED]

CLAIM INFORMATION

POL. OR CL. # [REDACTED]

INSO. [REDACTED]

LOSS DATE: [REDACTED] THEFT: [REDACTED] ACCIDENT: [REDACTED]

PHONE: [REDACTED] NAME: [REDACTED]

REPAIR SHOP: [REDACTED]

TIRE CAR: [REDACTED]