

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

294

Date Received

02-AUG-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

866615

 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
1GNDT13W8W2174403	CHEVROLET TRU	BLAZER	1998	

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 Utility Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt			<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 12322000	Part Name(s) INTERIOR SYSTEMS:FRONT SPLIT BACK SEAT LATCH	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures 4	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 00 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

DRIVER'S SEAT BACK LATCH HAS BROKEN FOUR TIMES. DEALER HAS REPAIRED THE VEHICLE THREE TIMES UNDER WARRANTY. *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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 284	
 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	
OWNER INFORMATION (Type or Print) [Redacted] 624494		Date Recalled: 02 SEP 25 AM 10:10 02-AUG-2000 OFFICE: DEFECTS INVESTIGATION Reference No. 866615 Work Number 773-846-7870 Home Number [Redacted]	
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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Signature of Owner [Redacted]		Date 08/16/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1GNDT13W8W2174403	CHEVROLET TRU	BLAZER	1998
Current Odometer Reading			
33,268			
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo
04-22-98	WEBB CHEVROLET		<input type="checkbox"/> Diesel
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City OAKLAWN State IL Zip Code 60453	No. Cylinders	<input checked="" type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Drive Train
			<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
			Vehicle Type
			<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
			<input checked="" type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
			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)
12322000	INTERIOR SYSTEMS:FRONT SPLIT BACK SEAT LATCH	<input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front	<input type="checkbox"/> Right <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?
4	8-4-99 2-11-00 9-7-00 Mileage at Failure(s) 33 Vehicle Speed at Failure(s)	<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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Estimated Property Damage	Reported to Police
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
DRIVER'S SEAT BACK LATCH HAS BROKEN FOUR TIMES. DEALER HAS REPAIRED THE VEHICLE THREE TIMES UNDER WARRANTY. *AK VIN# 1GNDT13W8W2174403			
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.			

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

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.:

D O T

MANUFACTURER/TIRE NAME

SIZE

* 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)

Please investigate this problem which

I was told by the service department at Webb Chevrolet that this is a very common problem. I am on disability and cannot afford to pay for this repair after warranty expires. Please respond back to me regarding your decision. Thanks

★ U.S. G.P.O.: 1982-625-807/60286

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

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

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

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



CUSTOMER NO. 15403	ADVISOR JOEL MARRIS	CARD NO. 737	INVOICE DATE 08/04/99	INVOICE NO. CTC057249
	LABOR RATE 23.00	LICENSE NO.	MILEAGE 17113	STOCK NO.
	YEAR/MAKE/MODEL 98/CHEVROLET TRUCK/BLAZER/DR 4WD		DELIVERY DATE 04/20/99	DELIVERY MILES 104
	VEHICLE ID. NO. 10ND1130092174403		SELLING DEALER NO.	PRODUCTION DATE
	F.T.E. NO.	P.O. NO.	R.O. DATE 03/04/99	

LABOR & PARTS
 JOB # 1 01CVZ.L05 LUBE OIL & FILTER HOURS: 0.250 (TECH(S)): 1577
 CUSTOMER REQUEST: LUBE, OIL AND FILTER CHANGE.
 RESET CHANGE OIL LIGHT IF APPLICABLE.
 MAINTENANCE
 PERFORMED LUBE, OIL & FILTER CHANGE.

PARTS	QTY	PP NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
JOB # 1	1	PK52	LUBE OIL & FILTER	14.50	14.50
JOB # 1	1		GREASE	2.50	2.50
JOB # 1	5	EDIL	5W30 OIL	2.00	10.00
JOB # 1	1	25171377	FILTER 1.336	2.50	2.50
JOB # 1 TOTAL PARTS					29.50
JOB # 1 TOTAL LABOR & PARTS					26.75

JOB # 2 48CVZ SEATING HOURS: TECH(S): 1658
 INSTALL 3/0 PART RECLINER DR SEAT
 BROKEN
 SUBJECT TO REPLACE LEFT SEAT RECLINER ASSM.

PARTS	QTY	PP NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
JOB # 2	1	12479082	RECLINER 3.6 482	0.00	0.00
JOB # 2	1	12479085	RECLINER 3.6 482	0.00	0.00
JOB # 2 TOTAL PARTS					0.00
JOB # 2 TOTAL LABOR & PARTS					0.00

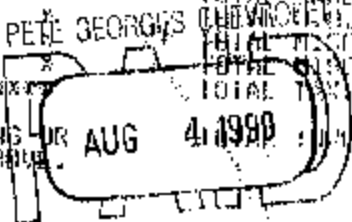
JOB # 3 01CVZ.12 ROTATE TIRES HOURS: 0.50 (TECH(S)): 1577
 PERFORM TIRE ROTATION AS REQUIRED & CHECK/ADJUST TIRE P.S.I.

PARTS	QTY	PP NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
JOB # 3 TOTAL PARTS					0.00
JOB # 3 TOTAL LABOR & PARTS					0.50

SUBJECT PO# VEND INVR-INV. DATE-DESCRIPTION
 JOB # 2 4542 08/04/99 INSTALL SEAT RECLINER

TOTALS TOTAL - SUBJECT AMOUNT 0.00

 * [] CASH [] VISA [] M/C [] AMEX [] DINERS CLUB *
 * [] CHECK [] GPP [] CHARGE - CUST *
 * BY: DATE:



WE APPRECIATE YOUR PATRONAGE. IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT YOUR SERVICE ADVISOR LISTED ABOVE.

CUSTOMER SIGNATURE

ALL PARTS REPLACED ARE GUARANTEED FOR 12 MONTHS OR 12,000 MILES EXCLUDING WEAR & TEAR ITEMS. ALL SERVICE WORK IS GUARANTEED FOR 4000 MILES OR 90 DAYS.

FORM 1540-1/99 GM-10/98 1258

CUSTOMER NO. 15403	ADVISOR MICHAEL STEFANIUK 8300	CARD NO. 584	INVOICE DATE 09/07/00
[REDACTED]	LABOR RATE 75.00	LICENSE NO.	COLOR
	YEAR/MAKE/MODEL 76/CHEVROLET TRUCK/BLAZER/1DR 4WD	MILEAGE 34033	DELIVERY DATE 04/22/00
	VEHICLE ID. NO. 1GNDT11W8W2104403	SELLING DEALER NO.	
	F.T.E. NO.	P.O. NO.	R.O. DATE 09/07/00

773-848-7878

LABOR & PARTS
 JOB # 1 48CVZ SEATING HOURS 1.10 TECHS: JAD/MS
 DR SEAT RECLINER HANDLE BROKEN
 BROKEN
 REPLACE LEFT FRONT SEAT RECLINER ASSY.
 CVT11

PARTS	QTY	P/N	DESCRIPTION	UNIT PRICE	AMOUNT
JOB # 1	1	12473022	RECLINER 16.682		
				JOB # 1 TOTAL	68.90
				JOB # 1 TOTAL LABOR & PARTS	

TOTALS

 * CASH [] VISA [] M/C [] TRAVEL [] DINERS CLUB *
 * [] CHECK # [] GMP [] CHARGE [] CUST # *
 * BY: [] DATE: [] *

WE APPRECIATE YOUR BUSINESS. IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT YOUR SERVICE ADVISOR LISTED ABOVE.

CUSTOMER SIGNATURE
 [REDACTED]

FORM 2000-01-01

ALL GM PARTS REPLACED ARE GUARANTEED FOR 12 MONTHS OR 12,000 MILES EXCLUDING WEAR & TEAR ITEMS. ALL SERVICE WORK IS GUARANTEED FOR 4000 MILES OR 90 DAYS.

NEED CHEVROLET, INC
 2440 S CHEROKEE AVE
 BAK LAUN, IL. 60453
 708-423-5440

CUSTOMER NO. 15402	ADVISOR MICHAEL STEFARIK 8-99	CARD NO. 121	INVOICE DATE 02-11-00	INVOICE NO. 0108098
	LABOR RATE 75.00	LICENSE NO.	COLOR 7	STOCK NO.
	YEAR / MAKE / MODEL 98 / CHEVROLET TRUCK / BLAZER / 4DR 340	MANAGER 05503	DCUVER DATE 04/22/99	DCUVER MILES 1
	VEHICLE ID. NO. 1 B N D T 1 3 W 8 2 3 7 4 0 3		SELLING DEALER NO.	PRODUCTION DATE
	F.T.E. NO.	IT.O. NO.	R.O. DATE 02/11/00	
				MILEAGE OUT

LABOR & PARTS
 JH 1 48CVZ SEATING HOURS: TECH(S) 16-73
 DR SEAT RECLINER BROKEN
 (SUBLET TO REPLACE LEFT SEAT RECLINER)
 08/10

PARTS	QTY	PT NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	12473022	RECLINER 16.692	
				JOB # 1 TOTAL PARTS
				JOB # 1 TOTAL LABOR & PARTS

SUBLET	PO#	VEND	INVT	INV. DATE	DESCRIPTION
JOB # 1	0370			02/11/00	REPLACE RECLINER
					TOTAL - SUBLET

TOTALS

*****	TOTAL LABOR	0.
* [] CASH [] VISA [] M/C [] AMEX [] DINERS CLUB *	TOTAL PARTS	0.
*	TOTAL SUBLET	0.
* [] CHECK # [] GMPF [] CHARGE - CUSTH *	TOTAL G.O.G.	0.
*	TOTAL MISC CHG.	0.
* BY: DATE:	TOTAL MISC DISC	0.
*****	TOTAL TAX	0.
	TOTAL INVOICE \$	0.

WE APPRECIATE YOUR PATRONAGE. IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT YOUR SERVICE ADVISOR LISTED ABOVE.

CUSTOMER SIGNATURE