

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

117

Date Received

09-AUG-2000

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

Reference No.

867288

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 bottom of<br/>windshield or driver's side)</small> | Vehicle Make         | Vehicle Model | Vehicle Year | Current Odometer Reading |
| <b>FILL IN</b>   | <b>CHEVROLET TRU</b> | <b>BLAZER</b> | <b>1996</b>  |                          |

|   |                                       |                                |  |
|---|---------------------------------------|--------------------------------|--|
| 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   | Antilock Brakes  | Restraint System   | Cruise Control   | Drive Train   | Vehicle Type  | Body Style  |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driver Side Airbag<br><input type="checkbox"/> Passenger Side Airbag<br><input type="checkbox"/> Inertial Belt<br><input type="checkbox"/> 2-Point Belt | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other<br><input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Station Wagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other |

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

|                                   |  |  |   |
|-----------------------------------|--|--|---|
| Component<br>12111000<br>03250000 | Part Name(s)<br>INTERIOR SYSTEMS;PASSENGER RESTRAINTS;AIR BAG;FRONT AIR<br>BRAKES;HYDRAULIC;ANTI-SKID SYSTEM | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|-----------------------------------|--|--|---|

|                      |   |  |  |
|----------------------|---|--|--|
| No. of Failures<br>2 | Date(s) of Failure(s) 08-NOV-1990<br>Mileage at Failure(s) 05<br>Vehicle Speed at Failure(s) 45 | Failed Part(s)<br>Available?<br>  Yes   No | NHTSA Previously<br>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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>1 | Number of Fatalities<br>0 | 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)

WAS DRIVING 45MPH ON WET ROAD WHEN ANOTHER VEHICLE CUT IN FRONT. APPLIED BRAKES & SLID INTO REAR OF VEHICLE. UPON IMPACT WITH OTHER VEHICLE, AIR BAGS FAILED TO DEPLOY. PROBLEM REPAIRED. SECOND TIME, ROAD DRY & APPLIED BRAKES QUICKLY. HEARD SQUEALING OF BRAKES & TIRES. BRAKES (ABS) FAILED TO STOP VEHICLE. RAN INTO AMBULANCE. ONCE AGAIN AIR BAGS FAILED TO DEPLOY. WENT TO EMERGENCY ROOM FOR TREATMENT. \*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.