

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

22-AUG-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

868298

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 on vehicle)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNCT18W8WK244387	CHEVROLET TRU	BLAZER	1998	

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	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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertial <input type="checkbox"/> 2-Point Belt	<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 Util 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 type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13111000	Part Name(s) STRUCTURE:FRAME AND MEMBERS:ROLL BAR	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
-----------------------	--	--	---

No. of Failures 3	Date(s) of Failure(s) 22-JUN-2000 Mileage at Failure(s) 28 Vehicle Speed at Failure(s) 40	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 <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	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--------------------------------	---------------------------	---------------------------	---

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

WHILE DRIVING VEHICLE APPROXIMATELY 40MPH, THE FRONT ROLL BAR WELD HAD BROKE. WILL BE TAKING VEHICLE TO DEALER FOR REPAIRS.

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.



Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
National Highway Traffic Safety Administration
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

628540
Work Number
Home Number

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

Signature of Owner
Date 11/10/2000

Vehicle Identification No. (VIN) 1GNC118W8WK244387
Vehicle Make CHEVROLET TRU
Vehicle Model BLAZER
Vehicle Year 1998
Current Odometer Reading 30,087

Purchase Date 9-29-98
Dealers Name JORDAN CHEVROLET
City/State/Zip Code LINDSEY CITY, MICH 48135
No Cylinders 8
Engine Size (CID/CCL) Gas
Fuel Injection Turbo

Transmission Type Automatic
Antilock Brakes Yes
Rearview System 3-Point Belt
Cruise Control No
Drive Train Front
Vehicle Type Sport Utility
Body Style 2-Door

Component 13111000
Part Name(s) STRUCTURE:FRAME AND MEMBERS:ROLL BAR
Location Front
Failed Part(s) Original Replacement

No of Failures 3
Date(s) of Failure(s) 22-JUN-2000
Mileage at Failure(s) 28
Vehicle Speed at Failure(s) 40
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 Yes No
Fire Yes No
Number of Persons Injured 0
Number of Police Reported 0
Estimated Property Damage
Reported to Police Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
WHILE DRIVING AT APPROXIMATELY 40MPH, FRONT ROLL BAR WELD BROKE. WILL BE TAKING VEHICLE TO DEALER FOR REPAIRS. *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.