

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 558

Date Received

08-SEP-2000

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

Reference No.

869812

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
1GNCS13W7WK108357	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inert Inert <input checked="" 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 03910200	Part Name(s) BRAKES:ANTI-LOCK MONITOR	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	Date(s) of Failure(s) 01-JAN-1999	Mileage at Failure(s) 12000	Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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	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)

CONSUMER STATES THAT WHILE DRIVING THE ANTILOCK BRAKES ACTIVATE WITHOUT PRESSURE ON THE PEDAL. THE VEHICLE HAS BEEN TAKEN TO THE DEALERSHIP ON 6 DIFFERENT OCCASIONS FOR REPAIR. DEALER HAS MADE ELECTRICAL REPAIRS FOR REMEDY BUT THE PROBLEM STILL OCCURS.

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.



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558

Date Received

NO OCT -2 AM  
06-SEP-2000  
OFFICE  
EFFECTS INVESTIGATION

Old or

PL PL

od\_it

up\_itr

Reference No.

659812

Work Number

Home

OWNER INFORMATION (Type or Print)

635246

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

In the absence of Signature of Owner \_\_\_\_\_ Date 9/20/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GNCS13W7WK108357  
Vehicle Make CHEVROLET ~~TRU~~ BLAZER  
Vehicle Model BLAZER  
Vehicle Year 1998  
Current Odometer Reading 12,198

Purchase Date 10-13-97  
Dealer's Name Bob Rondal (Cent Warner)  
City Vancouver State Wa Zip Code 98667-1060  
Engine Size (CID/CC/L) \_\_\_\_\_  
No Cylinders 6  
 Turbo  
 Diesel  
 Gas  
 Fuel Injectio

Transmission Type  Manual  Automatic  
Antilock Brakes  Yes  No  
Restraint System  3-Point Belt  Motorbelt  
 Driverside Airbag  2-Point Belt  
 Passengerside Airbag  
Cruise Control  Yes  No  
Drive Train  Front  Rear  
 4-Wheel  
Vehicle Type  Car  Van  Minivan  Other  
 Sport Util Truck  Motorcycle  
Body Style  2-Door  4-Door  
 Stationwagon  Pick Up  Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000  
Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM  
Location  Left Front  Right Rear  
Failed Part(s)  Original Replacement

No of Failures 6  
Date(s) of Failure(s) 01-JAN-1999 thru 5-04-00  
Mileage at Failure(s) 7293-12,000  
Vehicle Speed at Failure(s) 20 MPH + up  
Failed Part(s)  Yes  No  
NHTSA Previously  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 \_\_\_\_\_  
Number of Fatalities \_\_\_\_\_  
Estimated Property Damag \_\_\_\_\_  
Reported to Police  Yes  No

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

WHILE DRIVING ANTI-LOCK BRAKES ACTIVATED WITHOUT PRESSURE ON THE PEDAL. VEHICLE HAS BEEN TAKEN TO DEALERSHIP ON 6 DIFFERENT OCCASIONS FOR REPAIRS. DEALER HAS MADE ELECTRICAL REPAIRS FOR REMEDY, BUT PROBLEM STILL OCCURS. \*AK Since June 6 - 1999 we have had this vehicle in the shop (Cent Warner) for repairs for the ABS. First only the light came on, then 2 separate times the brake pedal dipped several inches before it worked, then the light came on. Now the brakes come on all by themselves & the vehicle slows down suddenly almost to a complete stop!

CONTINUE OR BACK IF NEEDED

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