

**DOT Auto Safety Hotline**  
**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

FOR AGENCY USE ONLY 117	
Data Received	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____
24-SEP-2000	
Reference No. <b>871354</b>	

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>(Listed at front of windshield or drivers side)</small> <b>1GNDT13W1V2135845</b>	Vehicle Make <b>CHEVROLET TRU</b>	Vehicle Model <b>BLAZER</b>	Vehicle Year <b>1997</b>	Current Odometer Reading	
Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	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"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <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 type="checkbox"/> Other _____	

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

Component 07211000	Part Name(s) <b>POWER TRAIN:TRANSMISSION:3 SPEED:LEVER AND LINKAGE:CO</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <b>3</b>	Date(s) of Failure(s) _____ Mileage at Failure(s) <u>85</u> Vehicle Speed at Failure(s) <u>35</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	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)**

**WHILE DRIVING VEHICLE, IT FAILS TO SHIFT OUT OF 1ST GEAR. HAD THE TRANSMISSION REPLACED IN MAY, 1999. THE 2ND TRANSMISSION FAILED TO SHIFT OUT 1ST GEAR ALSO. MECHANIC CAN NOT FIND CAUSE OF THE NON SHIFTING IN THE TRANSMISSION.**

**CONTINUE ON BACK IF NEE**

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 117	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		Date Received <b>24-SEP-2000</b> OFFICE DEFECTS INVEST	
OWNER INFORMATION (Type or Print)				Od. or rt. dt. up. ltr. <b>23 23</b> Reference No. <b>871354</b>	
[Redacted] <b>641446</b>				Work Number [Redacted] Home Number [Redacted]	
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 any other vehicle manufacturer.				Signature of Owner [Redacted] Date <b>10/22/00</b>	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (located at bottom of windshield, or, driver's side) <b>1GNDT13W1V2135845</b>		Vehicle Make <b>CHEVROLET TRU</b>	Vehicle Model <b>BLAZER</b>	Vehicle Year <b>1997</b>	Current Odometer Reading
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's Name <b>BUSH AUTO</b> City <b>WASHINGTON</b> State <b>OH</b> Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders <b>6</b>	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Restraint System <input checked="" 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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Drive Train <input type="checkbox"/> Front <input 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 Uit <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 type="checkbox"/> Other _____					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component <b>07300000</b>	Part Name(s) <b>POWER TRAIN:TRANSMISSION:AUTOMATIC</b>			Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	
No of Failures <b>32</b>	Date(s) of Failure(s) <b>8-00, 9-00</b> Mileage at Failure(s) <b>85</b> Vehicle Speed at Failure(s) <b>15</b>			Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" 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 <b>0</b>	Number of Fatalities <b>0</b>
				Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<del>WHILE DRIVING VEHICLE FAILED TO SHIFT OUT OF 1ST GEAR. HAD TRANSMISSION REPLACED IN MAY, 1999. THE 2ND TRANSMISSION FAILED TO SHIFT OUT 1ST GEAR ALSO. MECHANIC COULD NOT FIND CAUSE OF THE NON-SHIFTING IN THE TRANSMISSION. AK</del> WHILE DRIVING AT APPROX. 15 MPH TRANSMISSION CLUNKED & THEN WOULD NOT SHIFT OUT OF 1ST GEAR. MECHANIC SAID TRANSMISSION WAS "SHOT," NEEDED TO BE REPLACED; SUSPECTED TRANSMISSION WAS OVER HEATING, SUGGESTED ANYWAY TRANSMISSION COOLER. — 1ST TRANSMISSION FAILED SIMILARLY 500 AT 39,000 MILES — WAS REPLACED. (CONT.)					
					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.					

