

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 436

Date Received

06-NOV-2000

 Ocl_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

874507

 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>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNCS18WXTK232207	CHEVROLET TRU	BLAZER	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <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 Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input 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 10312000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR	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	Date(s) of Failure(s) 16-OCT-2000 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------	----------------------	---------------------------	-------------------------------------------------------------------------------------------

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

WINDSHIELD WIPER CIRCUIT BOARD MALFUNCTIONED. WIPERS QUIT IN MIDDLE OF A STORM. MOTOR WAS STILL GOING. DEALER WOULD ACKNOWLEDGE THE REPAIR BECAUSE IT WASN'T APART OF THE RECALL. *AK

CONTINUED ON BACK PLEASE

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.



U.S. Department of Transportation
National 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 436

Date Received

06-NOV-2000

OFFICE OF INVESTIGATION

Od_or _____
Rt_dt _____
od_rt _____
up_lr _____

Reference No.

874507

OWNER INFORMATION (Type or Print)

653785

Work Number

Home Nur

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 11/18/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GNCS18WXTK232207	Vehicle Make CHEVROLET TRU	Vehicle Model BLAZER	Vehicle Year 1996	Current Odometer Reading 43,251
--------------------------------------------------------------------------------------------------	-------------------------------	-------------------------	----------------------	------------------------------------

Purchase Date	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<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			

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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input 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 checked="" type="checkbox"/> 2-Door <input 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 10312900	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	-------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

No. of Failures	Date(s) of Failure(s) 16-OCT-2000 Mileage at Failure(s) 42,952 Vehicle Speed at Failure(s) 65 mph	Failed Part(s) Available? <input checked="" 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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------	----------------------	---------------------------	-------------------------------------------------------------------------------------------

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

WINDSHIELD WIPER CIRCUIT BOARD MALFUNCTIONED. WIPERS QUIT IN MIDDLE OF A STORM. MOTOR WAS STILL GOING. DEALER WOULD ACKNOWLEDGE THE REPAIR BECAUSE IT WASN'T APART OF THE RECALL.*AK
would not

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.

Professional Car Services, Inc.

Professional Car Services, Inc. Invoice No.

Order Date 10/23/00 11:03 am

3024 Texas Avenue South

101023005

Completed: 10/23/00 03:25 pm

College Station, Tx 77845

Ref: HH

Phone: 409-696-3775 FAX: 409-696-0585

For Nation Wide Warranty Call 1-800-LET-NAPA



96 Chevrolet Blazer green
42935 Mi.
Lic: TLP93R/TX Cyl Eng
Vin: 1GNCS18WXTK232207
Equipment:
Profile:

Job01 Diagnose Windshield Wiper **\$0.00**

Diagnose wiper problem - found the Module (delay board bad - need to replace and retest system...

Job Subtotal: \$0.00

Job02 Replace Windshield Wiper Module **\$125.77**

Remove and replace Windshield wiper module.

12463017 Module 1.0 Quan

Job Subtotal: \$125.77

Job03 Oil Service **\$28.95**

Charge oil and oil filter, lube chassis and top off fluids.

10W-30 10W30 Oil 5.0 Quan
1036 Oil filter 1.0 Quan

Job Subtotal: \$28.95

Payments to Professional Car Services, Inc. Cost Summary

Status: Completed Work Order	Labor	152.72
	Parts	0.00
Payments:	Shop Supplies	6.11
	Tax	0.00
	Total	\$158.83
	Payments	0.00
	Bal Due	158.83

Thank you for choosing Professional Car Services, Inc.