
 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY</b> 241	
	Date Received 27-DEC-2000		Od_or _____ rt_dt _____ od_rt _____ up_itr _____	
<b>OWNER INFORMATION (Type or Print)</b>			Reference No. 877038	
			Work Number _____ Home Number _____	

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 on driver's side)</small>	Vehicle Mak	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNP13W2VK204395	CHEVROLET TRUC	BLAZER	1997	
Purchase Date	Dealer's Name _____		Engine Siz (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____	State _____	Zip Code _____	No Cylinders _____
Transmission Type	Anti lock Brakes	Restraint System	Cruise Contro	Drive Trai
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type		Body Style		
<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 <input checked="" type="checkbox"/> Truck		


FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 13500000	Part Name(s) STRUCTURE:TAILGATE ASSEMBLY	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	Date(s) of Failure(s) 01-NOV-2000 Mileage at Failure(s) 63000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 Fatalitie	Estimated Property Damag
				Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
<p><b>TAILGATE WILL NOT LOCK PROPERLY AND WILL OPEN WHILE TRAVELING. DEALER NOTIFIED, AND INFORMED CONSUMER THAT WARRANTY EXPIRED, AND ANY REPAIRS WOULD BE AT CONSUMER'S COST. PLEASE FILL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER.</b></p> <p>*AK</p>

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.

 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire (VOQ)</b>          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</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: right;">FOR AGENCY USE ONLY 241</th> </tr> <tr> <td style="width:70%;">                 Date Received <u>27-DEC-2000</u>                  27-DEC-2000                  DEFECTS INVESTIGATION             </td> <td style="width:30%;">                 Od. or rt. dt. _____                  pd. rt. up. fr. _____                  Reference No. <u>877038</u> </td> </tr> <tr> <td colspan="2">                 Work _____                  Home _____             </td> </tr> </table>	FOR AGENCY USE ONLY 241		Date Received <u>27-DEC-2000</u> 27-DEC-2000 DEFECTS INVESTIGATION	Od. or rt. dt. _____ pd. rt. up. fr. _____ Reference No. <u>877038</u>	Work _____ Home _____	
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Work _____ Home _____							
<b>OWNER INFORMATION (Type or Print)</b>							
683192							

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 [Redacted] Date 2/1/01

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> <u>1GNBP13W2VK204395</u>	Vehicle Make <u>CHEVROLET TRU</u>	Vehicle Model <u>BLAZER</u>	Vehicle Year <u>1997</u>	Current Odometer Reading <u>85,500</u>	
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	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		

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 2-Point Seat <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" 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 (not full time 4WD)	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 type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>13500000</u>	Part Name(s) <u>STRUCTURE:TAILGATE ASSEMBLY</u>	Location <input type="checkbox"/> Left Front <input checked="" type="checkbox"/> Right Rear	Failed Part(s) <input type="checkbox"/> Original Replacement <input checked="" type="checkbox"/> Original
No of Failures <u>4</u>	Date(s) of Failure(s) <u>01-NOV-2000</u> Mileage at Failure(s) <u>83000</u> Vehicle Speed at Failure(s) <u>60-75mph</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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 <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damage _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

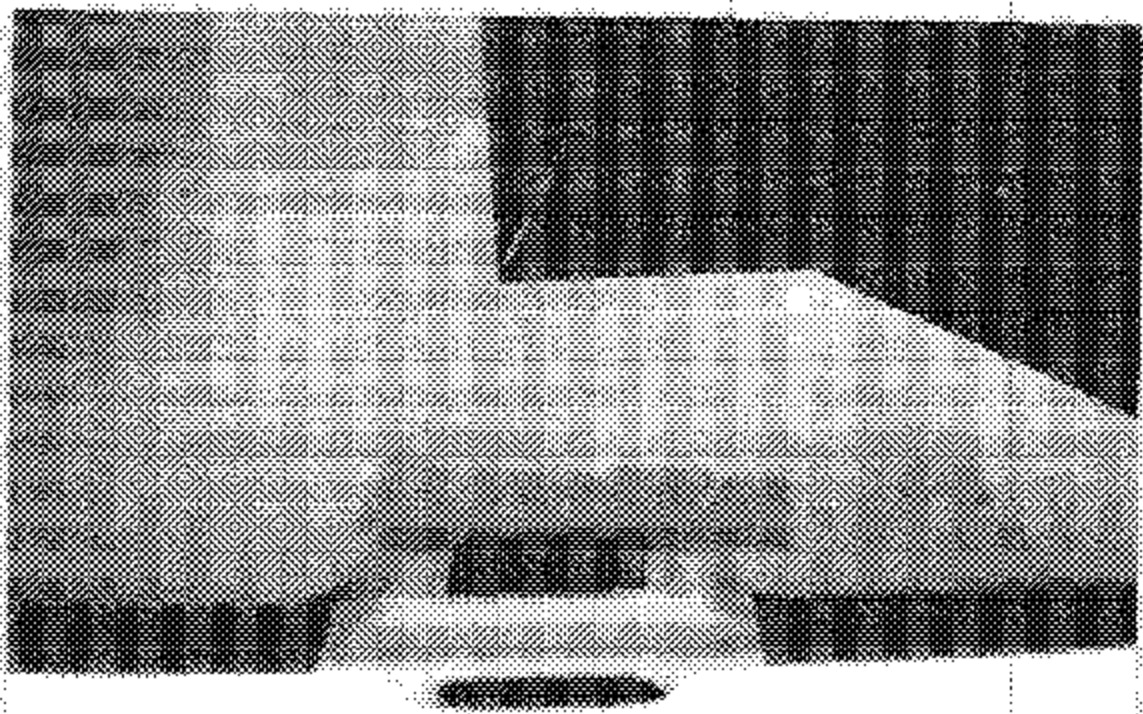
**TAILGATE WILL NOT LOCK PROPERLY, AND WILL OPEN WHILE TRAVELING. DEALER NOTIFIED, AND INFORMED CONSUMER THAT WARRANTY EXPIRED, AND ANY REPAIRS WOULD BE AT CONSUMER'S COST. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER.**

\*AK

*claim number with Chevrolet: C0262823/  
 as per photos, part in question was not fastened to the glass. It was held in place by a thin rubber gasket that goes around the glass which broke.*

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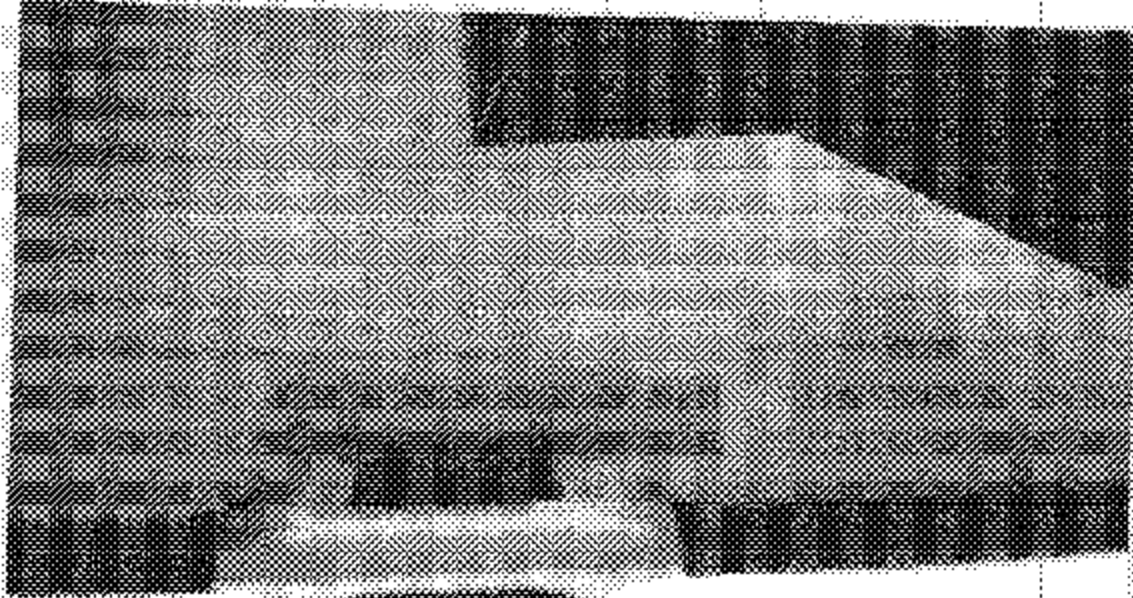


Figure 1. A large, multi-tiered, conical structure, possibly a monument or a large-scale sculpture, set against a dark background.

