

 U.S. Department of Transportation National Highway Traffic Safety Administration	<b>DOT Auto Safety Hotline</b> <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> 284	
	Data Received  <b>02-JAN-2001</b>	Od. or rt_dt _____ od_rt _____ up_ltr _____	Reference No.  <b>877214</b>
<b>OWNER INFORMATION (Type or Print)</b>  <div style="background-color: black; width: 100%; height: 20px;"></div>		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.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Model	Vehicle Year	Current Odometer Reading			
<b>1GNCS13W6W2253583</b>	<b>CHEVROLET TRUC</b>	<b>BLAZER</b>	<b>1998</b>				
Purchase Date	Dealer's Name _____		Engine Size (CID/CCA)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<input checked="" type="checkbox"/> New <input 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 type="checkbox"/> 3-Point Belt <input 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	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Util <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 <b>08410000</b>	Part Name(s) <b>FUEL THROTTLE LINKAGES AND CONTROL PEDAL</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <b>02-JAN-2001</b>	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) <b>52</b>		
	Vehicle Speed at Failure(s) _____		

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 Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)	
<p><b>INTERMITTENTLY WHEN ACCELERATOR IS APPLIED THROTTLE STICKS. DEALER HAS BEEN NOTIFIED. *AK</b></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 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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<p style="text-align: center;"><b>OWNER INFORMATION (Type or Print)</b></p> <p>713</p>	

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 **2/22/01**

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> <b>1GNCS13W6W2253583</b>	Vehicle Make <b>CHEVROLET TRU</b>	Vehicle Model <b>BLAZER</b>	Vehicle Year <b>1998</b>	Current Odometer Reading		
Purchase Date	Dealer's Name <b>Henna Autoplex</b>		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <b>Canton</b> State <b>GA</b> Zip Code _____		No Cylinders _____	<input type="checkbox"/> Diesel		
				<input type="checkbox"/> Gas		
				<input type="checkbox"/> Fuel Injection		
Transmission Type	Anti-lock Brakes	Restraint System		Cruise Control	Drive Train	Vehicle Type
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input checked="" 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 checked="" type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
						<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <b>08410000</b>	Part Name(s) <b>FUEL THROTTLE LINKAGES AND CONTROL PEDAL</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <b>many</b>	Date(s) of Failure(s) <b>02-JAN-2001</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) <b>52</b>		
	Vehicle Speed at Failure(s) _____		

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>					
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)**

**INTERMITTENTLY WHEN ACCELERATOR IS APPLIED THROTTLE STICKS. DEALER HAS BEEN NOTIFIED. \*AK**

CONTINUE ON BACK IF NEEDED

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**Fold to show return Address (no stamp needed) Fasten with tape or staple and mail**