



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 125

Date Received

21-FEB-2001

Ord. or
rt. dt
pd. rt
ip. ltr

Reference No.

880946

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 Make CHEVROLET TRU	Vehicle Model BLAZER	Vehicle Year 1998	Current Odometer Reading
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Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <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 Belt	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	Body Style <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
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	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) 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AND MOVING FROM A STOP VEHICLE WILL COMPLETELY SHUTDOWN WITHOUT WARNING, CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-502) 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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 125</p>	
<p>OWNER INFORMATION (Type or Print)</p>		<p>Date Received MAR 10 PM 2:1 21-FEB-2001 OFFICE DEFECTS INVESTIGATION</p>		<p>Od or rt_dt od_rt up_tr</p>	
<p>675634</p>		<p>Work Number</p>		<p>Reference No. 880946</p>	
<p>Home Number</p>		<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>		<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>Signature of Owner</p>		<p>Date 3/13/01</p>		<p>VEHICLE INFORMATION</p>	
<p>Vehicle Ident. No. (VIN) (Please see bottom of windshield on driver's side) 1GN2T13W7W2154532</p>		<p>Vehicle Make CHEVROLET TRU</p>		<p>Vehicle Model BLAZER</p>	
<p>Vehicle Year 1998</p>		<p>Current Odometer Reading 32,100</p>		<p>Purchase Date</p>	
<p>Dealer's Name <u>BERNARD CHEVROLET</u></p>		<p>Engine Size (CID/CC/L)</p>		<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>	
<p>City <u>LIBERTYVILLE</u> State <u>IL</u> Zip Code <u>60048</u></p>		<p>No Cylinders <u>6</u></p>		<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>		<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Restraint System <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</p>	
<p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>		<p>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</p>	
<p>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</p>		<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>			
<p>Component 05100000</p>		<p>Part Name(s) ENGINE</p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>	
<p>Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>		<p>No of Failures 30-35</p>		<p>Date(s) of Failure(s) <u>11/98 1st & continuing currently</u> Mileage at Failure(s) <u>4,300 / 1st continuing currently</u> Vehicle Speed at Failure(s) <u>0-1 mph</u></p>	
<p>Failed Part(s) Available? <input type="checkbox"/> Yes ? <input type="checkbox"/> No</p>		<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>	
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Number of Persons Injured</p>	
<p>Number of Fatalities</p>		<p>Estimated Property Damage</p>		<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>WHILE DRIVING AND MOVING FROM A STOP VEHICLE WILL COMPLETELY SHUTDOWN WITHOUT WARNING, CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS. *AK</p> <p>Dealer has attempted to repair on at least 7 different occasions. Have been unable to "re-create" problem. The dealer has acknowledged safety concerns & forwarded to AVM, who to date has failed to resolve issue</p>					

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