



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 117

Date Received

22-FEB-2001

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

Reference No.

881187

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	Vehicle Model	Vehicle Year	Current Odometer Reading
FILL IN	CHEVROLET TRU	BLAZER	1998	

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 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 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 type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13411000	Part Name(s) STRUCTURE:FRAME AND MEMBERS:ROLL BAR	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 1	Date(s) of Failure(s) 27-CC-1998 Mileage at Failure(s) 15 Vehicle Speed at Failure(s) 55	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities 0	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)

WAS TRAVELING 55MPH WITH CRUISE CONTROL ON. ROAD WAS WET AND SLIPPERY. MADE A TURN AND VEHICLE HAD JACK KNIFED, AND WENT INTO A DITCH. VEHICLE FLIPPED OVER AND LANDED ON ROOF. ROOF WAS CRUSHED TO FRONT SEAT. VEHICLE FAILED TO HAVE A ROLL BAR PROTECTION IN ROOF. PASSENGER WAS INJURED AND WAS HOSPITALIZED.*AK

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.

 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 117 Date Received MAR 11 2001 22-FEB-2001 DEFECTS INVESTIGATION
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OWNER INFORMATION (Type or Print) [Redacted] 676094	Reference No. 881187
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) FILL IN	Vehicle Make CHEVROLET TRU	Vehicle Model BLAZER	Vehicle Year 1998	Current Odometer Reading				
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 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"/> 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 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 <input type="checkbox"/> 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 type="checkbox"/> Other	

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 13111000	Part Name(s) STRUCTURE:FRAME AND MEMBERS:ROLL BAR	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 1	Date(s) of Failure(s) 27-OCT-1998 Mileage at Failure(s) 15 Vehicle Speed at Failure(s) 55	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WAS TRAVELING 55MPH WITH CRUISE CONTROL ON. ROAD WAS WET AND SLIPPERY. MADE A TURN AND VEHICLE HAD JACK KNIFED, AND WENT INTO A DITCH. VEHICLE FLIPPED OVER AND LANDED ON ROOF. ROOF WAS CRUSHED TO FRONT SEAT. VEHICLE FAILED TO HAVE A ROLL BAR PROTECTION IN ROOF. PASSENGER WAS INJURED AND WAS HOSPITALIZED.*AK

8 PM, RAINING, & VERY DARK
NO NIGHT OR FOG, NO DARK
 THIS NARRATIVE DESCRIPTION IS WRONG. MY BLAZER DID NOT JACK KNIFE AS SEMI-TRUCK JACKED KNIFED COVERING SOUTH BOUND I-15 AT MILE 72. I DROVE AROUND SEMI REAR ON BANK BETWEEN SOUTH & NORTH BOUND FREEWAY AFTER I PASSED THE RIGHT FRONT WHEEL CAUGHT A DITCH AND FLIPPED LANDING UPSIDE DOWN.

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

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D	O	T										MANUFACTURER/TIRE NAME GOOD YEAR	SIZE
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* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED) MY WIFE GOT HER SEAT BELT LOOSE BUT I COULD NOT HEAR, I TOLD HER TO LEAVE FOR I WAS THINKING OF FIRE. SHE LEFT AND WAS IN THE FREEWAY NEXT TO THE OVER TURNED BLAZER, WITH SOME HELP, WHEN ANOTHER SEMI TRUCK DROVE AROUND THE REAR OF THE JACOB ^{TRUCK} ~~MINI~~ THE SAME AS I DID. HE HIT ME, KNOCKED ME 175 FT DOWN THE FREEWAY, RAN OVER MY WIFE'S RIGHT FOOT, DAMAGED HER RIGHT HIP, BROKE HER LEFT CLAVICLE, WHILE LOOSING HIS LOAD OF VENEER. IT TOOK A RESCUE TEAM 40 MIN. TO GET ME OUT OF THE BLAZER. A ROLL BAR PROTECTION WOULD HAVE HELPED. HOWEVER, I HAD LITTLE KNOTICABLE DAMAGE TO ME; ONLY SOME SCARS ON MY LEFT SHOULDER. THOSE WHO STOPPED TO GIVE AID OR WERE CURIOUS THOUGHT IT A MIRACLE THAT MY WIFE AND I WERE NOT KILLED, WE BOTH AGREED THAT GOD DID NOT WANT THAT.



U.S. G.P.O. 1992 - 629-887 / 88286

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

400 Seventh St., S.W.
Washington, D.C. 20580

Official Business
Penalty for Private Use \$300



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POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

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National Highway Traffic Safety Administration
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