



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 858**

Date Received

07-MAR-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

882302

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>(Location at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GNDT13W3WK189908	CHEVROLET TRUCK	BLAZER	1998			
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 Injectio			
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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	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"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	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 _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02152000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:LOWER:BALL	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 Failure 3	Date(s) of Failure(s) 19-JAN-2000 30 Mileage 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 Fatalities	Estimated Property Damag	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)

REPLACED FRONT BALL JOINTS 3 TIMES. ONCE WITHIN A MONTH AFTER RECALL 98V053000 REPAIRS.  
\*AK

CONTINUE ON REVERSE

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.

DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration	<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline	<b>FOR AGENCY USE ONLY</b> 858 Date Received: 07-MAR-2001 REFERENCE NO. 882302	Od. or rt. dt od. ft up. ltr
	<b>OWNER INFORMATION (Type or Print)</b> [Redacted] 678757	Reference No. 882302	Work Number Home Number [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorized address to the vehicle manufacturer.  
 Signature of Owner: [Redacted] Date: 3-26-01

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) [Redacted]	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	
[Redacted]	CHEVROLET TRU	BLAZER	1998	68782	
Purchase Date: 2-1-99	Dealer's Name: ZUICK CHEVROLET, INC.		Engine Size (CID/CC): J8	<input type="checkbox"/> Turbo	<input type="checkbox"/> Diesel
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City: HOUTZDALL	State: PA	Zip Code: 16651	<input type="checkbox"/> Gas	<input type="checkbox"/> Fuel Injection
Transmission Type: <input checked="" type="checkbox"/> Automatic	Antilock Brakes: <input checked="" type="checkbox"/> No	Restraint System: <input checked="" type="checkbox"/> Driverside Airbag, <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control: <input checked="" type="checkbox"/> No	Drive Train: <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type: <input type="checkbox"/> Car, <input type="checkbox"/> Van, <input type="checkbox"/> Minivan, <input type="checkbox"/> Other
					Body Style: <input checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component: 02152000	Part Name(s): SUSPENSION:INDEPENDENT FRONT CONTROL ARM:LOWER:BALL	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: 3	Date(s) of Failure(s): 19-JAN-2000	Mileage at Failure(s): 30	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: [Redacted]	Number of Fatalities: [Redacted]	Estimated Property Damage: [Redacted]	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)**

REPLACED FRONT BALL JOINTS 3 TIMES. ONCE WITHIN A MONTH AFTER RECALL 98V053000 REPAIRS. \*AK I HAD THIS VEHICLE BACK TO THE GARAGE ON THE 22 OF MARCH STILL CLUNKING. THEY SAID THEY CANT FIND THE PROBLEM. I AM VERY UNEASY DRIVING THIS VEHICLE. THEY SAID THERE IS NO RECALL