



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 160


Date Received

09-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

OWNER INFORMATION (Type or Print)

 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 160
	Date Received: 09-MAR-2001 OFFICE: NEEDS INVESTIGATION	Od_or: _____ rt_dt: _____ od_rl: _____ up_ltr: _____
OWNER INFORMATION (Type or Print)		Reference No.: 882627
[Redacted] 679355		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 a signature, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner: [Redacted] Date: **3/23/01**

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1ONCS13W2V2121001	Vehicle Make CHEVROLET TRU	Vehicle Model BLAZER	Vehicle Year 1997	Current Odometer Reading 49000
Purchase Date: _____ <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name: JOHN HALL City: DAYTONA State: FLA Zip Code: 32124		Engine Size (CID/CC/L): 4-3 No. Cylinders: 6	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" 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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train: <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type: <input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Util <input type="checkbox"/> 2-Door <input type="checkbox"/> Van <input type="checkbox"/> Truck <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Stationwagon <input type="checkbox"/> Other <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other				

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06114000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:GAUGE:FUEL	Location: <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures: 1	Date(s) of Failure(s): FEB 2001 Mileage at Failure(s): 48 Vehicle Speed at Failure(s): _____	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: _____	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)

FUEL GAUGE IS NOT READING CORRECTLY, CAUSE IS UNKNOWN. PLEASE PROVIDE FURTHER INFORMATION.*AK

GAUGE READS FULL WHEN EMPTY ERRATIC READINGS OTHER TIMES. CAN CAUSE FATALITIES ON HIGHWAY IF NOT CORRECTED. VEHICLE RUNS OUT OF FUEL WHEN TRYING TO PASS OR MOVE OUT OF WAY OF TRACTOR TRAILER ACCIDENT.

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.