



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** §20

Date Received

21-MAR-2001

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

Reference No.

883631

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 and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GNDT13W2X2214928	CHEVROLET TRUCK	BLAZER	1999			
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 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 Bel <input type="checkbox"/> Passengerside Airbag	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"/> 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 08113000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:TANK	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	Date(s) of Failure(s) 01-FEB-1999 25000 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)**

HERE IS A FUEL SMELL IN CAB OF VEHICLE AFTER FILLING FUEL TANK. PLEASE PROVIDE ANY  
ADDITIONAL INFORMATION/ATTACHMENTS.\*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.



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** 920

Date Received: 01-2001 21-MAR-2001  
Office: DEFECTS INVEST  
Reference No.: 883631  
Work Number: \_\_\_\_\_  
Home Number: \_\_\_\_\_

**OWNER INFORMATION (Type or Print)**

81518  
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: 3/30/01

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN): \_\_\_\_\_ Vehicle Make: CHEVROLET TRU Vehicle Model: BLAZER Vehicle Year: 1999 Current Odometer Reading: 25,370  
Purchase Date: 1-12-00 Dealer's Name: STAFFILINO Engine Size (CID/GCC/L): 4.3 Turbo Diesel Gas Fuel Injection:  Gas  
 New  Used City: MARTIN FERRY State: OHIO Zip Code: 43935 No Cylinders: \_\_\_\_\_

Transmission Type:  Manual  Automatic  
Anti-lock Brakes:  Yes  No  
Restraint System:  3-Point Belt  Motorbelt  Driverside Airbag  2-Point Belt  Passengerside Airbag  
Cruise Control:  Yes  No  
Drive Train:  Front  Rear  4-Wheel  
Vehicle Type:  Car  Sport Dirt  Van  Truck  Minivan  Motorcycle  Other  
Body Style:  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

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

Component: 08113900 Part Name(s): FUEL:FUEL TANK ASSEMBLY:TANK Location:  Left  Right  Front  Rear Failed Part(s):  Original  Replacement  
No of Failures: \_\_\_\_\_ Date(s) of Failure(s): 01-FEB-1999 Mileage at Failure(s): 25000 Vehicle Speed at Failure(s): \_\_\_\_\_ Failed Part(s) Available?:  Yes  No NHTSA Previously Contacted?:  Yes  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:  Yes  No Fire:  Yes  No  
Number of Persons Injured: \_\_\_\_\_ Number of Fatalities: \_\_\_\_\_ Estimated Property Damage: \_\_\_\_\_ Reported to Police:  Yes  No

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

HERE IS A FUEL SMELL IN CAB OF VEHICLE AFTER FILLING FUEL TANK. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.\*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 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.