



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 241**

Date Received

16-AUG-2001

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

Reference No.

894582

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GNDT13W512160841	CHEVROLET TRUCK	BLAZER	2001			
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" 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 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	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) 10-AUG-2001 3400 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 checked="" type="checkbox"/> Yes <input 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)

VEHICLE WAS INVOLVED IN A FRONTAL COLLISION. SPEED WAS NOT DETERMINED. UPON IMPACT, BOTH AIR BAGS DID NOT DEPLOY. DEALER WAS NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION ON THIS MATTER.\*AK

COPIES OF THIS FORM ARE:

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.

 <b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY</b> 241 Date Received: <u>16-AUG-2001</u> 01 OCT -3 PM OFFICE DEFECTS INVESTIGATION Agency No. <u>894582</u> Work Number _____ Home Number _____	
U.S. Department of Transportation National Highway Traffic Safety Administration		OWNER INFORMATION (Type or Print) [Redacted] <u>708703</u>	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date _____	
<b>VEHICLE INFORMATION</b>			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1GNDT13W512160841</u>	Vehicle Make <u>CHEVROLET TRU</u>	Vehicle Model <u>BLAZER</u>	Vehicle Year <u>2001</u>
Current Odometer Reading _____		Purchase Date <u>5/16/01</u>	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name <u>Tom Chevrolet</u>	Engine Size (CID/CC/L) _____ No. Cylinders <u>6</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
City <u>Norwood</u> State <u>MO</u> Zip Code <u>64062</u>	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 checked="" type="checkbox"/> 3-Point Bel. <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel. <input checked="" 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 checked="" type="checkbox"/> 4-Wheel	Vehicle Type: <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle
Body Style: <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck			
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Component <u>12111000</u>	Part Name(s) <u>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT</u>	Location: <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <u>3</u>	Date(s) of Failure(s): <u>10-AUG-2001</u> Mileage at Failure(s): <u>3400</u> Vehicle Speed at Failure(s): _____	Failed Part(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>APPLICATION INCIDENT INFORMATION</b> (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: <u>1</u>	Number of Fatalities: <u>0</u>
Estimated Property Damage: <u>\$ 10,500</u>		Reported to Police: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>			
VEHICLE WAS INVOLVED IN A FRONTAL COLLISION. SPEED WAS NOT DETERMINED. UPON IMPACT, BOTH AIR BAGS DID NOT DEPLOY. DEALER WAS NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION ON THIS MATTER. <u>AK. PASSENGER FRONT SEAT RAMMED INTO DASHBOARD. COULD NOT REMOVE POCKET AIRBOOK STRAP. SEAT WENT OFF OF RACK</u>			
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.			