



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 436

Date Received

30-NOV-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

899752

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		
1GNT13W7V75865	CHEVROLET TRUCK	BLAZER	1997			
Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____				
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<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 _____	<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 01510000 01530000 02132000	Part Name(s) STEERING:LINKAGES:ARM:PITMAN STEERING:LINKAGES:ARM:IDLER AND ATTACHMENT SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN	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	Dates of Failure(s) _____ 10-OCT-2001 Mileage at Failure(s) _____ 75 Vehicle Speed 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

PITTMAN ARM/ IDLER ARM, AND UPPER AND LOWER BALL JOINTS HAVE CORRODED. A RECALL HAS BEEN ISSUED ON VEHICLE'S MAKE AND MODEL; HOWEVER, THIS VEHICLE WAS NOT INCLUDED DUE TO VIN. THE DEALER HAS REPAIRED VEHICLE AT THE OWNER'S EXPENSE. PLEASE PROVIDE ADDITIONAL INFORMATION.*AK

CONTINUED 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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 436</p> <p>Date Received: <u>11-15-2001</u></p> <p>Od. or rt. dt. od. rt. up. ltr. _____</p> <p>Reference No. 899752</p> <p>Work Number: _____</p> <p>Phone Number: _____</p>
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OWNER INFORMATION (Type or Print)

728510

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: 11/10/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): <u>1GNT13W7V75865</u>	Vehicle Make: <u>CHEVROLET TRU</u>	Vehicle Model: <u>BLAZER</u>	Vehicle Year: <u>1997</u>	Current Odometer Reading: _____
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Purchase Date: _____	Dealer's Name: <u>Dudley Martin</u>	Engine Size (CID/CC/L): _____	<input type="checkbox"/> Turb Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Inject o
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City: <u>Manassas</u> State: <u>VA</u> Zip Code: _____	No. Cylinders: _____	

Transmission Type: <input type="checkbox"/> Manua <input checked="" 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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <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 checked="" type="checkbox"/> 4-Wheel	Vehicle Type: <input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style: <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component: <u>01510000</u> <u>01530000</u> <u>02132000</u>	Part Name(s): <u>STEERING:LINKAGES:ARM:PITMAN</u> <u>STEERING:LINKAGES:ARM:IDLER AND ATTACHMENT</u> <u>SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN</u>	Location: <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures: _____	Date(s) of Failure(s): <u>10-OCT-2001</u>	Failed Part(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s): <u>75</u>		
	Vehicle Speed at Failure(s): _____		

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 type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

PITTMAN ARM/ IDLER ARM AND UPPER AND LOWER BALL JOINTS HAVE CORRODED. A RECALL HAS BEEN ISSUED ON VEHICLE'S MAKE AND MODEL; HOWEVER, THIS VEHICLE WAS NOT INCLUDED DUE TO VIN. THE DEALER HAS REPAIRED VEHICLE AT THE OWNER'S EXPENSE. PLEASE PROVIDE ADDITIONAL INFORMATION.*AK

CONTINUE ON BACK IF APPLICABLE

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.