



Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.  
CORRECT MARK: ●

### FOR AGENCY USE ONLY

Date Received	Color
25-MAY-00	1-21
Reference No.	10-11
	12-11

DAYTIME TELEPHONE NUMBER

Provide a copy of this report to the manufacturer of your vehicle?  Yes  No

SIGNATURE OF OWNER

DATE

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1GNC18W2TK147827	Chev	S-10 BLAZER		1996
VEHICLE MANUFACTURER				
<input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other <input type="radio"/> Daimler/Chrysler <input checked="" type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW				
PURCHASE DATE	DEALER'S NAME	CITY	STATE	ZIP CODE
12/21/95	LINDRUS Chevy-Olds	HANCOCK	MI	49930
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES
4.3L	<input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	<input type="radio"/> Diesel <input checked="" type="radio"/> Gas	<input type="radio"/> Manual <input checked="" type="radio"/> Automatic	<input checked="" type="radio"/> Yes <input type="radio"/> No
NO. CYLINDERS	RESTRAINT SYSTEM	CRUISE CONTROL		
6	<input checked="" type="radio"/> Driver-side Airbag <input type="radio"/> 2 Point Belt <input type="radio"/> Passenger-side Airbag <input type="radio"/> Maxibelt <input checked="" type="radio"/> 2 Point Belt	<input checked="" type="radio"/> Yes <input type="radio"/> No		
DRIVETRAIN	VEHICLE TYPE	DOORS	BODY STYLE	
<input type="radio"/> Front <input checked="" type="radio"/> 4-Wheel <input type="radio"/> Rear	<input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other <input type="radio"/> Van <input checked="" type="radio"/> Sport Utility <input type="radio"/> Motorcycle	<input checked="" type="radio"/> 2-Door <input type="radio"/> 4-Door	<input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input checked="" type="radio"/> Stationwagon	

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

<b>COMPONENT</b> <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System - Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input checked="" type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	7	TIRE NAME	COMPLETE TIRE SIZE
	INCIDENT DATE	TIRE BRAND	
	2/1/2000	<input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other	
	MILEAGE AT INCIDENT	33508	
	VEHICLE SPEED AT INCIDENT		
	FAILED PART(S)	<input checked="" type="radio"/> Original <input type="radio"/> Replacement	
HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE?	NHTSA PREVIOUSLY CONTACTED?	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	

### APPLICABLE INCIDENT INFORMATION

Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form.	CRASH	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Wear/Concussion/Rust <input type="radio"/> Weak/Poor Fit/Laxity <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fell Off <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive E-Force <input type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Loose/Sticks/Grabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	<input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE	NUMBER OF FATALITIES		
	<input type="radio"/> Yes <input checked="" type="radio"/> No			

PLEASE DO NOT WRITE IN THIS AREA



00827

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies), include additional accidents if applicable.

I WAS INFORMED BY MY NEICE THAT  
DAD BLEW UP HIS FRONT  
UPPER & LOWER BACK JOINTS AND  
A DITMAN ARM. HE SVOICED THIS  
WAS A VERY CURSED DRIVE  
WITH THIS MODEL AND A  
SWITCH FAILED WHERE THE  
UPPER ISAC TON? WHO FAILED  
AND UCHIEE WAS TO GO IN  
I AUTHORIZED REPAIR, ASKED TO GO  
GIVEN PARTS, AND WOULD ASK  
ON TO VALIDATE THE REPAIR.  
PARTS WERE NOT KEPT AND  
ON REPAIR TO VALIDATE  
REPAIR. I ~~WAS~~ FOR THE  
TYPE OF FAILURE AT 33,000 MILES.  
WAS RECALLED, WITH USE ON THE  
ROAD, 75% OF TIME ON DRIVE.  
HAPPY. AFTER OWNERS EXPERIENCE  
TO ONE THAT THEY HAD SWITCH  
PROBLEMS. LOCAL SPECIALIST STOPS  
BUYING BATTERIES DUE TO MILE  
REPAIR COSTS ON PARTS LIKE  
THIS

Continue on additional page if necessary.  
Describe any additional incidents. (Include date and mileage)  
The Privacy Act of 1974—Public Law 93-502: The information is requested pursuant to a privacy request in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses 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 an administrative or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.  
Mark Requested by NHTSA Form 22520B-1 (05/04/01) NHTSA Printed in U.S.A.  
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NHTSA Form 360 (Rev. 8/99)

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
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POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

U.S. Department  
of Transportation  
**National Highway  
Traffic Safety  
Administration**  
400 Seventh St., S.W.  
Washington D.C. 20590  
Official Business  
Penalty for Private Use \$300

Complete and return or place in your car manual for future use

# VEHICLE OWNER'S QUESTIONNAIRE (VQQ)



## DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

## DASH 2 DOT

and dial toll free at

## 1-888-DASH-2-DOT

1-888-327-4236  
DOT Auto Safety Hotline  
(DASH) 2 DOT



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)