



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

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: 8/28/01  
Telephone No. \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_

## OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

## VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)		VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1GBEL19W4TB106216		Chev	Blazer		1996
VEHICLE MANUFACTURER					
<input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other _____ <input type="checkbox"/> Daimler/Chrysler <input checked="" type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW					
PURCHASE DATE	<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
		MCKIE FORD	Rapid City	S.D.	57701
ENGINE SIZE	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM
CIVIC 4.3L	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	<input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Driverside Air bag <input type="checkbox"/> Passengerside Air bag <input type="checkbox"/> 3-Point Belt
NO. CYLINDERS	CRUISE CONTROL				
6	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
DRIVETRAIN	VEHICLE TYPE		DOORS	BODY STYLE	
<input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> 4-Wheel <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____		<input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door	<input type="checkbox"/> Hatchback <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Sedan <input type="checkbox"/> Station wagon	

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

<b>COMPONENT</b> <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brakes <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input checked="" type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other _____	<b>NO. OF FAILURES</b> <input type="checkbox"/> (1) (2) (3) (4) (5) (6) (7) (8) (9) <input type="checkbox"/> (10) (11) (12) (13) (14) (15) (16) (17) (18) (19)	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).		
	<b>INCIDENT DATE</b> 7-15-01	<b>TIRE NAME</b>  	<b>COMPLETE TIRE SIZE</b>  	
	<b>MILEAGE AT INCIDENT</b> 92120	<b>TIRE BRAND</b> <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____		
	<b>VEHICLE SPEED AT INCIDENT</b> - 0 -	<b>FAILED PART(S)</b> <input type="checkbox"/> Original <input type="checkbox"/> Replacement		
<b>HANDICAPPED ADAPTIVE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>FAILED PART(S) AVAILABLE?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>NHTSA PREVIOUSLY CONTACTED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

## APPLICABLE INCIDENT INFORMATION

Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form.	<b>CRASH</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>NUMBER OF PERSONS INJURED</b> <input type="checkbox"/> (1) (2) (3) (4) (5) (6) (7) (8) (9) <input checked="" type="checkbox"/> (10) (11) (12) (13) (14) (15) (16) (17) (18) (19)	<b>CAUSE OF INCIDENT</b> <input type="checkbox"/> Wear/Corrosion/Rust <input type="checkbox"/> Weak/Poor Fit/Lapses <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fell Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Loose/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input checked="" type="checkbox"/> Broken	<b>RESULT OF INCIDENT</b> <input type="checkbox"/> Explosion/Fire <input checked="" type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Roll-over <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	<b>FIRE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>NUMBER OF FATALITIES</b> <input type="checkbox"/> (1) (2) (3) (4) (5) (6) (7) (8) (9) <input type="checkbox"/> (10) (11) (12) (13) (14) (15) (16) (17) (18) (19)		

PLEASE DO NOT WRITE IN THIS AREA



03435

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

My wife, daughter, and 2 Grand  
children were backing onto  
a cafe parking lot, when they  
heard a loud noise, clang  
then they felt the front of the  
vehicle fall down on the front  
passenger tire, heard tire rubbing  
stopped vehicle, got out to inspect  
vehicle.  
Results: Fender parts Rubber on  
Tires, could not turn wheels or  
drive, had to have vehicle  
towed to repair shop.  
Had this happened on the  
interstate my daughter would  
most likely have lost control  
of car, blew tires and?  
Had to replace tires, rims  
and related parts.

Continue on additional page if necessary.

**Describe any additional incidents. (include date and mileage)**

**The Privacy Act of 1974—Public Law 93-579** The information is requested pursuant to advisory centers 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 which manufacturers should have special attention to correct a safety defect. The NHTSA procedures 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.

Make Reply by NCS Form 350 (Rev. 8/99) HHS Printed in U.S.A.  
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NCS Form 350 (Rev. 8/99)

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

## BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

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



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



# VEHICLE OWNER'S QUESTIONNAIRE (V00Q)

## DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

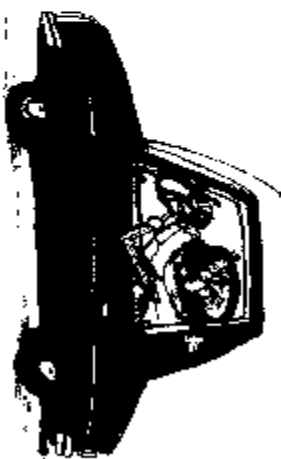
**DASH 2 DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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