



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 <b>9/19/01</b>	Owner _____
Reference No.	Model _____
	Year _____
	Weight _____
DAYTIME TELEPHONE NUMBER _____	

## OWNER INFORMATION (Type or Print)

Manufacturer of your vehicle \_\_\_\_\_ SIGNATURE OF OWNER \_\_\_\_\_

## VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side) <b>16NDT13W7VK114112</b>	VEHICLE MAKE <b>Chevy</b>	VEHICLE MODEL <b>BLAZER/SW 4DR 4WD</b>	MANUFACTURE DATE	MODEL YEAR <b>1997</b>
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"/> Daewoo/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 <b>10-9-96</b>	DEALER'S NAME <b>SYLVESTER'S CHEV.</b>	CITY <b>Peckville</b>	STATE <b>PA</b>	ZIP CODE <b>18452</b>
ENGINE SIZE (CID/CC/L) <b>4.3L</b>	FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	TRANSMISSION TYPE <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	ANTILOCK BRAKES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NO. CYLINDERS <b>V6</b>	RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driver's Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger's Airbag <input type="checkbox"/> Motorcyclist <input type="checkbox"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DRIVETRAIN <input type="checkbox"/> Front <input checked="" type="checkbox"/> 4-Wheel <input type="checkbox"/> Rear <input type="checkbox"/> Front <input type="checkbox"/> Rear	
VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other <input type="checkbox"/> Van <input checked="" type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle		DOORS <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hardtop <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Stationwagon	

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

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical, Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input checked="" type="checkbox"/> Fuel System/Exhaust <input type="checkbox"/> Heater/Defrost/Ventilator <input type="checkbox"/> Interior <input type="checkbox"/> Lifting Brakes <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input checked="" type="checkbox"/> Other <b>WINDSHIELD WIPER FAILURE</b>	NO. OF FAILURES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <b>June 2001</b>	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT <b>Approx. 25,000 mi.</b>	TIRE BRAND <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	
	VEHICLE SPEED AT INCIDENT <b>40 mph</b>	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	FAILED PART(S) AVAILABLE? <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.	CRASH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF PERSONS INJURED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 0	CAUSE OF INCIDENT <input checked="" type="checkbox"/> Wear/Comped/Pust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Eriect/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Looks/Stuck/Grass <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input checked="" type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadequate Seat <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 0		

PLEASE DO NOT WRITE IN THIS AREA



04077

additional accidents if applicable.

Problem #1 Incorrect reading of fuel gauge  
(Failure) of Gas Tank Sending Unit.  
Replace Gas Tank Sending Unit 8/24/01  
Mile 23,071 @ Sylva, NC Asheville, N.C.

Total Cost \$665.89  
Item #2 Problem: Gas leaks whenever filling  
up at Pump Cause: Rubber Seal Swelled in

From Section of Fuel Pump Assembly: Resent  
"Sending Unit", REPLACE SEAL Mile at time  
of this problem 31,299 Total Cost \$15.00

Item #3 Problem: Wind shield wipers were  
intermittent while driving on Interstate started  
to rain - wipers were inoperative - had to  
wait out storm on side of road but the next  
day wipers were operable. Someday they  
checked & afterwards they couldn't work!

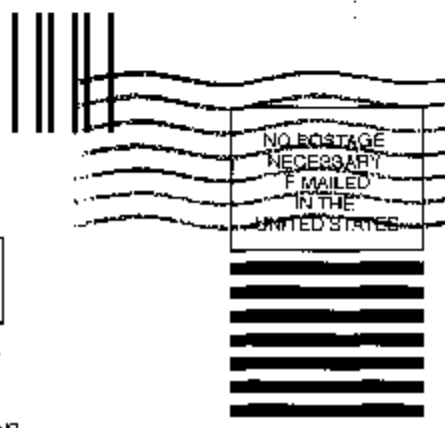
Cause: Delay Board Started out.  
Replaced Delay Board @ a cost  
of \$80.98. Mileage @ time of  
Failure Approx. 29,000 miles.

Service at Dealership.  
\*Note on Item #1 My 17 yr old daughter  
Ran out of gas because gauge read 1/2 tank but  
Actually was empty.

Describe any additional incidents. (include date and mileage)

The Privacy Act of 1974 - Public Law 93-579 This information is requested  
pursuant to authority vested in the National Highway Traffic Safety Administration  
by the National Highway Traffic Safety Administration. Your response may be used to assess the NHTSA's effectiveness, whether a program, rule,  
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 survey thereof, may be used in support of the agency's action.

Mark Reflected by NCS EW-225228-1952421 HIND Printed in U.S.A.  
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HS Form 350 (Rev. 8/99)

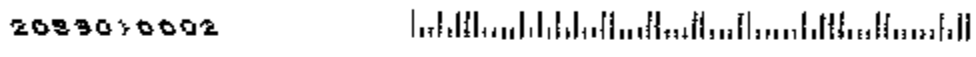


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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

J.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)