



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 2/11/02	Officer _____
Reference No.	Officer ID _____
	Officer Unit _____
	Officer Shift _____

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
1GNET18W5WK202548		CHEVROLET	BLAZER		1998
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	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
3/25/98		BONNER CHEV.	KINGSTON	PA.	18704
ENGINE SIZE (CID/CC)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM
4.2	<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	<input checked="" type="radio"/> Driverside Airbag <input checked="" type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt <input type="radio"/> 3-Point Belt
NO. CYLINDERS	DRIVETRAIN		VEHICLE TYPE		DOORS
6	<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
BODY STYLE					
<input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Station wagon					

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <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 type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other: FAILED FRONT WHEEL BEARING	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).		
	INCIDENT DATE	TIRE BRAND	COMPLETE TIRE SIZE	
	MILEAGE AT INCIDENT	TIRE BRAND		
	VEHICLE SPEED AT INCIDENT	<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 _____		
FAILED PART(S)	FAILED PART(S) AVAILABLE?	NHTSA PREVIOUSLY CONTACTED?		
<input checked="" type="radio"/> Original <input type="radio"/> Replacement	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input 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 type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9		
	FIRE	NUMBER OF FATALITIES		
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9		

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

FLAT WHEEL BEARING MUST BE REPLACED

BEARING IS WELL KEPT NEVER BUMPED OR BENT.

BEARING SHOULD LAST LONGER THAN 45000 MILES

9600 GM REPLACE MENT.

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

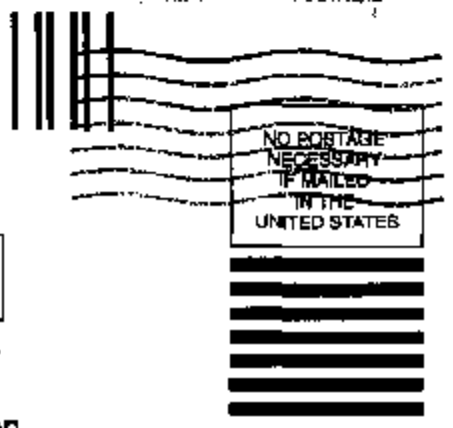
The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether 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 disclosure summary thereof, may be used in support of the agency's action.

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

400 Seventh St., S.W. Washington, D.C. 20590

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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



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



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www.sa.dot.gov/hotline