



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 1/17/02	Od or _____
Reference No.	It, dt _____
	od + _____
	up-It _____

DAYTIME TELEPHONE NUMBER

OWNER INFORMATION (Type or Print)

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 1GNCS13M412118272		VEHICLE MAKE Chevrolet	VEHICLE MODEL Blazer	MANUFACTURE DATE 2001	MODEL YEAR 2001
VEHICLE MANUFACTURER <input type="radio"/> GMW <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 type="radio"/> New <input type="radio"/> Used	DEALER'S NAME Capital Chevrolet	CITY Montgomery	STATE A)	ZIP CODE 36101-0036	
ENGINE SIZE ICID/CO/L	FUEL SYSTEM <input type="radio"/> Turbo <input type="radio"/> Fuel Injecton	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input type="radio"/> Yes <input type="radio"/> No	RESTRAINT SYSTEM <input checked="" type="radio"/> Driver's Side Air Bag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passenger's Side Air Bag <input type="radio"/> Motorbelt <input type="radio"/> 3-Point Belt
CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No	DRIVETRAIN <input type="radio"/> Front <input type="radio"/> 4 Wheel <input type="radio"/> Rear		VEHICLE TYPE <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		DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door
BODY STYLE <input checked="" type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon					

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 checked="" type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other Faulty multi-function switch part resulting in no brake lights	NO. OF FAILURES 2	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE 6-5-01 and 10-24-2001	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT 114,553 (10-24-2001)	TIRE BRAND <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 _____	
	VEHICLE SPEED AT INCIDENT 65 miles per hr - 30 mph	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement	
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input type="radio"/> No	FAILED PART(S) AVAILABLE? <input type="radio"/> Yes <input checked="" type="radio"/> No They are faulty parts.	NHTSA PREVIOUSLY CONTACTED? <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 <input type="radio"/> Yes <input type="radio"/> No	NUMBER OF PERSONS INJURED ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Nutsy <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Leaks <input type="radio"/> Cut/Torn <input type="radio"/> Short <input type="radio"/> Disconnect/Fall Off <input type="radio"/> Links/Struts/Grabs <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Stability/Vibration <input type="radio"/> Excessive Effort <input type="radio"/> Broken	RESULT OF INCIDENT <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 <input type="radio"/> Yes <input type="radio"/> No	NUMBER OF FATALITIES ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨		

PLEASE DO NOT WRITE IN THIS AREA



05737