



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received: **RECEIVED** Repository

03 FEB 25 AM
22 JAN 2003

Reference No.
10004398

OFFICE DEFECTS INVESTIGATION

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: GREENVILLE State: PA Zip Code: 16125

Daytime Telephone Number: [REDACTED]
Evening Telephone Number: [REDACTED]
E-mail Address: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: **2/1/03**

VEHICLE INFORMATION

Make: CHEVROLET	Model: TRAILBLAZER	Model Year: 2002
Date Purchased: 2-28-2002	Dealer's Name and Telephone Number: General Motors Corporation FAX (313) 381-2617	Engine: No. Cylinders:
Original Owner: <input checked="" type="checkbox"/>	Dealer's City: PO Box 33170 Detroit	State: Michigan Zip Code: 48232-5170
Transmission Type: Automatic	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain:
Vehicle Component Code: 1B1000 VEHICLE SPEED CONTROL/ACCELERATOR PEDAL-Transmission		
Multiple Failure:		

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 28-FEB-2002	Failure Mileage: 13000 MILES Since NEW	Failure Speed:
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make:	Tire Model (Name or Number):	Tire Size (Example P215/65R15):
DOT No. (Example: DOTM19ABC036):	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code:	Tire Failure Type:	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured:	Number of Deaths:	Reported to Police: N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING AT HIGH SPEEDS THERE IS A VIBRATING SENSATION. DEALER NOTIFIED. PLEASE PROVIDE ADDITIONAL INFORMATION. IS VIBRATION OCCURS AT HIGHWAY SPEEDS - INTERMITTENTLY. VIBRATION FEELS LIKE DRIVING OVER RUMBLE STRIPS ON THE ROAD (ONLY VERY LIGHT SOUND) VIBRATION IS FELT ON FLOOR ON DRIVERS + PASSENGER COMPARTMENTS. HAS TO BE IN TRANSMISSION. ALSO, WHEN VEHICLE STARTS, SOMETIMES A HIGHER THAN NORMAL ENGINE IDLE, WON'T IDLE DOWN, THEN WHEN YOU GO TO DRIVE DOWN THE ROAD, IDLE IS STILL HIGH, BUT IT WON'T SHIFT OUT OF LOW GEAR. WHEN IT DECIDES TO SHIFT IT WILL. DOESN'T HAPPEN ALWAYS, BUT YOU NOT SURE WHEN IT WILL HAPPEN - INTERMITTENTLY

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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 statistical summary thereof, may be used in support of the agency's action.