



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 1375

Date Received

Repository

2003 JUN 04 10:42 AM '03

Reference No.
10015368

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City SOUTHFIELD State MI Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized contact, NHTSA will use the address to the vehicle manufacturer.
Signature of Owner _____ Date 6/1/03

VEHICLE INFORMATION

Make CHEVROLET Model TRAILBLAZER Model Year 2002

Date Purchased 6/2001 Dealer's Name and Telephone Number Les Stamford Chevrolet Engine: No. Cylinders: Fuel Type:

Original Owner Dealer's City Dearborn State MI Zip Code _____

Transmission Type Auto Antilock Brakes Cruise Control Powertrain Vehicle Component Code 105300 POWER TRAIN:DRIVELINE:DRIVESHAFT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 02-APR-2003 Failure Mileage Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TYRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R15)
DOT No. (Example: D0THM19ABC036) Original Equipment 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 Yes No Fire Yes No
Number of Persons Injured 1 Number of Deaths 0 Reported to Police NY

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).

CONSUMER WAS INVOLVED IN A FRONTAL AND SIDE COLLISION WHILE TRAVELING APPROXIMATELY 30 MPH. UPON IMPACT, THE ENTIRE GEAR SHAFT CAME UP OUT OF THE FLOORBOARD. *NLM

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) The information is requested pursuant to authority vested in the National Highway Traffic Safety Administration and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses may be used to assist the NHTSA in determining whether a Manufacturer should be appropriate action to correct a safety defect. If the NHTSA proceeds with a regulatory enforcement or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Driver of GMC Commercial Van driving approx 60 MPH ran Stop Sign and Struck the front end of passenger side. My Rear passenger side then collided with the Commercial Van rear end of driver side.

US Department of Transportation

National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300



ATTACH ADDITIONAL ENVELOPES IF NECESSARY

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS 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, NVS-216
400 7th Street, SW
Washington, DC 20590



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DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DASH2DOT

and dial toll free at

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1-888-327-4236

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(DASH) 2 DOT



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www.safercar.gov