



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

7003

FOR AGENCY USE ONLY 100079

Date Received
JUL 28 AM 9:53
07-JUL-2003

Repository
Reference No.
10026680

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City ELIZABETHTOWN State KY Zip Code [Redacted]

Daytime Telephone Number [Redacted]
Evening Telephone Number
SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of a signature, address to the vehicle manufacturer. YES NO
Signature of Owner [Redacted] Date 7/14/03

VEHICLE INFORMATION

Make CHEVROLET Model 1500 Model Year 1999
Blazer
Date Purchased 7-2000 Dealer's Name and Telephone Number Wilson's - Cadillac - SUV (270) 737-6135 Engine: No. Cylinders 6 Fuel Type: GAS
Original Owner Dealer's City ELIZABETHTOWN Ky 42701 State KY Zip Code 42701
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain yes
Vehicle Component Code 151000 SEAT BELTS:FRONT
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 07-JUL-2003 Failure Mileage 0 Failure Speed 0 Stopped

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R15) [Redacted]
DOT No. (Example: DOTNALSABC036) Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code [Redacted] Tire Failure Type [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident, failure(s), condition, and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured 1 Number of Deaths 0 Reported to Police Y

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 STATES HAD A REAR ENDED ACCIDENT, AND THE SEAT BELT ON PASSENGER'S SIDE DIDNT HOLD THE PASSENGER, SUFFERING INJURIES IN THE BACK AND ARMS. DEALER NOTIFIED. *AK.
Neck

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

The Privacy Act of 1974 (Public Law 93-579) 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 responses 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.

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

Unfortunately I was involved in a three vehicle accident
Monday, 2002, I was stopped to make a left turn and I
was rear-ended. My mother was a passenger and her
shoulder seat belt did not restrain her, as a result
she put her right arm to the dash to catch herself &
tore her rotator cuff. This can be verified thru MRI &
X-rays. She suffered severe pain all thru the holidays &
was scheduled for surgery Feb. 14, 2003, which was
cancelled due to blood pressure problems. Since this
accident she has limited use of her right arm, no
heavy lifting or reaching. I filed a lawsuit the seat
belt sued, now after Chevrolet's run around, I request
compensation. Police report available upon request. ATTACH ADDITIONAL SHEETS IF NECESSARY

request of thank you

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

Official Business
Penalty for Private Use \$300



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IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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U.S. Department of Transportation
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Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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QUESTIONNAIRE**

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and dial toll free at

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(DASH) 2 DOT



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