



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 335

Date Received: 2003 SEP 23 AM 12:21  
11-AUG-2003  
Repository   
Reference No.: 10033635

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: YORK State: PA Zip Code: [Redacted]  
Daytime Telephone Number: [Redacted] 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner: \_\_\_\_\_ Date: 9/23/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GNDT13W1V2226095  
Make: CHEVROLET Model: BLAZER Model Year: 1997  
Date Purchased: 7-1-1997 Dealer's Name and Telephone Number: APPLE CHEVROLET 848-1300  
Original Owner:  Dealer's City: YORK State: PA Zip Code: 17404 Engine No./Cylinders: 6  
Transmission Type: AUTO  Antilock Brakes  Cruise Control Powertrain: Renault 3.42 liter  
Vehicle Component Code: 141100 AIR BAGS-FRONTAL-SENSOR/CONTROL MODULE  
Multiple Failures: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 8-28-03 Failure Mileage: 22000 Failure Speed: N/A  
Arming sensor, Dorn (air bag module)

**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)  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: N/A Number of Deaths: N/A Reported to Police: N

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 AIRBAG LIGHT HAS COME ON. TOOK VEHICLE TO DEALER, AND DEALER REPLACED THE ARMING SENSOR. 30 MINUTES LATER AIR BAG LIGHT CAME BACK ON. TOOK VEHICLE BACK TO DEALER, DEALER SAID THE ARMING SENSOR NEEDED REPLACING. \*AK

*Starting*  
When we picked up the car after being repaired the first time, airbag light stayed on longer than usual. As I pulled out of parking space, light came back on & went off - did this 3 times in the space of 2 car

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.

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

lengths, went back into dealership & told of problems. They called Monday (left car there ~~later~~ Thursday & we were away until Sunday) & said need new starting sensor (Duesen is on repair bill).

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U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300



**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



**VEHICLE OWNER'S QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial 10N free at

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(DASH) & DOT



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