



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 120

Date Received
2003 OCT -1 PM 2:27
29-AUG-2003

Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City **GARY** State **IN** Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [Redacted]
Evening Telephone Number [Redacted]

Do you authorize the manufacturer of your vehicle? YES NO
In the absence of your name or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date **9/14/03**

VEHICLE INFORMATION

17 Digit Vehicle Identification Number located at bottom of windshield on driver's side
1GADT13522331107 Make **CHEVROLET** Model **TRAILBLAZER** Model Year **2002**

Date Purchased **6/8/02** Dealer's Name and Telephone Number **Ashebury (708) 423-9400** Engine: No: Cylinders [Redacted] Fuel Type: [Redacted]
Original Owner [Redacted] Dealer's City **Chicago Oak Lawn** State **IL** Zip Code [Redacted]
Transmission Type Antilock Brakes Powertrain Cruise Control
Vehicle Component Code **135200 VISIBILITY:REARVIEW MIRRORS/DEVICES:EXTERIOR**
Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **29-AUG-2003** Failure Mileage [Redacted] Failure Speed [Redacted]

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: DOT14LSABC036) 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(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No
Number of Persons Injured [Redacted] Number of Deaths [Redacted] 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 STATED THAT SIDE VIEW MIRRORS DID NOT ADJUST AUTOMATICALLY LIKE THEY WERE SUPPOSE TO. THEY MOVED AND CONSUMER COULD NOT SEE BEHIND HER HOW TO PARK. SHE HAD SPOKEN WITH THE MANUFACTURER, AND THEY SUGGESTED THAT SHE TAKE VEHICLE TO ANOTHER DEALER SINCE THE DEALER IN HER AREA COULD NOT REPAIR THE PROBLEM FOUR TIMES. SHE TOOK VEHICLE TO ANOTHER DEALER, BUT THEY DID NOT HELP HER EITHER, THEY WERE RUDE AND NON COOPERATIVE. *AK

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.