



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 100079

Date Received
2003 OCT -1 PM 1:50
02-SEP-2003

Repository
Reference No.
10038023

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City SEMINOLE State TX Zip Code [Redacted]

Daytime Telephone Number [Redacted]
Evening Telephone Number [Redacted]

E-mail Address

Do you authorize the manufacturer of your vehicle?
In the absence of your signature or address to the vehicle manufacturer. YES NO
Signature of Owner [Redacted] Date 9/11/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: ICNES165826116813
Make CHEVROLET Model BLAZER Model Year 2002

Date Purchased June 2002 Dealer's Name and Telephone Number Brownfield Motor Play
Engine: 6 No. Cylinders -- Fuel Type: Gas

Original Owner [Redacted] Dealer's City Brownfield State TX Zip Code 79316

Transmission Type Automatic Antilock Brakes Cruise Control
Powertrain Vehicle Component Code 140000 AIR BAGS
Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s) 02-SEP-2003 Failure Mileage 21920 Failure Speed 5

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: DOTM1A9ABC036) Original Equipment Prior Repair Failure Location: [Redacted]
The Component Code [Redacted] The 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 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).

WHILE DRIVING AT 5 MPH, VEHICLE WAS INVOLVED IN A SIDE COLLISION AT 40 MPH. UPON IMPACT, NEITHER THE FRONT OR SIDE AIR BAGS DEPLOYED. DEALER AND MANUFACTURER HAD BEEN NOTIFIED. *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.