



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 10083

Date Received  
2003 OCT -1 PM 2:25  
04-SEP-2003

Repository   
Reference No.  
10038208

OWNER INFORMATION (Type of Print)

Name [Redacted]  
Address [Redacted]  
City ZANESVILLE State OH Zip Code [Redacted]

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

E-mail Address [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of a signature, provide your name or address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 9/15/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side  
1GNDT13S922 [Redacted] Make CHEVROLET Model TRAILBLAZER Model Year 2002

Date Purchased 01-AUG-02 Dealer's Name and telephone number [Redacted]  
Original Owner  NO Dealer's City ZANESVILLE State OH Zip Code 43701  
Engine: No. Cylinders 6 Fuel Type Gas

Transmission Type AUTOMATIC  Antilock Brakes  Powertrain  
 Cruise Control Vehicle Component Code 354100 EQUIPMENT:MECHANICAL:JACKS  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-SEP-2003 Failure Mileage Failure Speed

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(es).)

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

Narrative Description of Incident(s), Crash(es), and Injury(es).  
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 COMPLAINED ABOUT HAVING PROBLEMS WITH THE A PIN THAT KEPT THE JACK UNDERNEATH THE PASSENGER'S REAR SEAT. CONSUMER WENT TO UNSCREW THE JACK AND IT FELL ON THE EYE, CAUSING PERMANENT EYE DAMAGE. MANUFACTURER WAS NOT CONTACTED AT THE TIME OF THIS CALL. \*AK

THE PIN FROM THE JACK SHOT UP AND HIT ME IN MY LEFT EYES.  
THE PIN MUST BE RELEASED, IN ORDER TO REMOVE JACK FROM UNDER THE SEAT. THE PIN WAS UNDER A LOT OF PRESSURE, THIS WAS NOT KNOWN UNTIL IT WAS RELEASED. OVER

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 responses may be used by NHTSA to determine 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 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)

THE PIN HOLDSTHE JACK, SO IT CAN'T UNCLANK FROM IT'S  
TIGHT POSITION, SO IT WON'T RATTLE OR COME LOOSE.



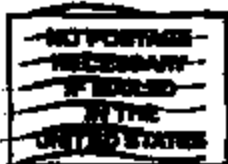
ATTACH ADDITIONAL SHEETS IF NECESSARY

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



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OWNER'S  
QUESTIONNAIRE**

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COMPLETE THIS FORM  
ON

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and dial toll free at

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