



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 1220

Date Received: 04 SEP 2003 PH 2: 29
Library

04-SEP-2003

Reference No.
10036232

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: SUCCASUNNA State: NJ Zip Code: [Redacted]

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

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: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GNET165326130700
Make: CHEVROLET Model: TRAILBLAZER Model Year: 2002
Date Purchased: Aug 2002 Dealer's Name and Telephone Number: RASI
Original Owner: [Redacted] Dealer's City: WASHINGTON State: NJ Zip Code: [Redacted]
Engine: No: Cylinders: 6 Fuel Type: GAS
Transmission Type: AUTO
 Antilock Brakes Cruise Control
Powertrain: [Redacted]
Vehicle Component Code: 125000 EXTERIOR LIGHTING: BRAKE LIGHTS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): JUNE 24 2003 Failure Mileage: N/A Failure Speed: N/A
Description: RSR RIGHT BRAKE LIGHT

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make: _____ The Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: D0THAL9ABC036) 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/A

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 (e.g., parts repaired or replaced (and if old part is available)).

WHILE DRIVING BRAKE LIGHTS MALFUNCTIONED. TOOK VEHICLE TO THE DEALER, AND BULB HOUSING WAS CHANGED. MONITORING FF-BID-NOT SOLVE THE PROBLEM.

THIS IS A MAJOR PROBLEM AFFECTING MANY TRAILBLAZERS (2002+2003)
WHILE RIDING ON THE NJ GARDEN STATE PARKWAY I NOTICED
15 TRAILBLAZERS OF WHICH 7 DID NOT HAVE ONE OR
THEIR BRAKE LIGHTS WORKING. IT IS NOT THE BULB BUT
IS THE SOCKET. SEE ATTACHED REPAIR.

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 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.

THESE NEED TO BE A RECALL ON THIS IMPORTANT SAFETY ISSUE.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**