



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
(1-888-327-4238)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

2004 FEB 26 AM 9:40
04-FEB-2004

Repository

Reference No.
10057642

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City KALONA State IA Zip Code [REDACTED]

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

Do you authorize [REDACTED] in the absence of your Signature of Owner to report to the manufacturer of your vehicle? YES NO
Do NOT provide your name or address to the vehicle manufacturer. Date 2/18/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 1GNET165128130405 Make CHEVROLET Model TRAILBLAZER Model Year 2002
Date Purchased 7/12/03 Dealer's Name and Telephone Number GRETHER MOTORS Engine: No. Cylinders 6 Fuel Type: GAS
Original Owner Dealer's City KEOTA State IA Zip Code [REDACTED]
Transmission Type AUTO Antilock Brakes Cruise Control Powertrain 4x4 Vehicle Component Code 141100 A/R BAGS:FRONTAL:SENSOR/CONTROL MODULE Multiple Failure: X 12-15

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 5/13/03 → Failure Mileage 12300 Failure Speed 5-20

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/85R15) [REDACTED]
DOT No. (Example: DOTM1A9ABC036) 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 0 Number of Deaths 0 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).
THE BRK LIGHT APPEARS ON THE DASHBOARD AND REMAINS ON UNTIL THE VEHICLE IS TURNED OFF. ALSO, REAR SEAT BELT WILL NOT RETRACT. CONSUMER TOOK VEHICLE TO THE DEALER FOR INSPECTION, AND MECHANIC TOLD THE CONSUMER THAT DEALER WAS WAITING FOR PARTS. HAS NOTHING TO DO W/ MY VEHICLE.
POWER STEERING FAILED/FAILS MULTIPLE TIMES AFTER MULTIPLE REPAIRS. VEHICLE WAS IN FOR REPAIR 5 TIMES FOR SAME STEERING PROBLEM. STEERING FAILURE IS A SAFETY ISSUE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. 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.