


NOTE: UNTIL I DROVE THIS BLAZER I HAD A **CLEAN** DRIVING RECORD

 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 100216 Date Received: 27-MAY-2004 Repository: <input type="checkbox"/> Reference No.: 10074685	
OWNER INFORMATION (Type or Print) Name: [REDACTED] Address: [REDACTED] City: HOMER State: NY Zip Code: [REDACTED]			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Signature of Owner: [REDACTED] Date: 6/9/04		Daytime Telephone Number: [REDACTED] Evening Telephone Number: SAME	
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield or driver's side: 1GNDT13W9V[REDACTED]		Make: CHEVROLET	Model: BLAZER
Date Purchased: 11-MAY-04	Dealer's Name and Telephone Number: N.Y. AUTO SALE 607-756-7507		Model Year: 1997
Original Owner: <input type="checkbox"/>	Dealer's City: CORTLAND	State: NY Zip Code: 13045	Engine: No. Cylinders: 6 Fuel Type: GAS
Transmission Type: AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain:	Vehicle Component Code: U30000 SERVICE BRAKES, HYDRAULIC Multiple Failure: 1
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s): 26-MAY-2004	Failure Mileage: 105970	Failure Speed: 35	
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: DOTMALSABC036):	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured: X 0	Number of Deaths: 0
<input checked="" type="checkbox"/> 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 35 MPH, THE DRIVER APPLIED THE BRAKES BUT THE BRAKES FAILED. THIS CAUSED THE DRIVER TO COLLIDED WITH THE VEHICLE IN FRONT. ONE PERSON WAS TRANSPORTED TO THE HOSPITAL AND SUSTAINED MINOR INJURIES. THE VEHICLE WAS TOWED TO THE DRIVER'S HOME. THE CAUSE HAS NOT BEEN DETERMINED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. *NM			
LOCAL BODY SHOP SAYS IT WILL COST MORE TO FIX MY BLAZER THAN ITS WORTH. THE ANTI-LOCK BRAKES DID NOT ENGAGE - I PUSHED ON BRAKE PEDAL AS HARD AS I COULD BUT BLAZER DID NOT EVEN SLOW DOWN -			
OTHER DRIVER WAS TAKEN TO HOSPITAL AND RELEASED WITH VEHICLE CROSSING THEM INTERSECTION - I T-BONED THE OTHER VEHICLE.			
INCLUDE, IF AVAILABLE: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.			

RECORD
 ACCIDENT HAPPENED SAME DAY I PUT BLAZER ON ROAD

NOTE: I JUST BOUGHT THIS BLAZER FROM A USED CAR DEALER I ONLY PUT 409 MILES ON IT WITH NO COLLISION I'VE LOST 6,000

I TRIED TO STOP WHEN TRAFFIC LIGHT CHANGED BUT ANTI-LOCK BRAKE SYSTEM WOULD NOT EVEN SLOW ME DOWN. I WAS TREATED EVEN THO IT WAS THE ANTI-LOCK BRAKES FAULT. MANY WITNESSES SAW ENTER INTERSECTION AT HIGH SPEED - TRUCK WOUND UP

SUPPLEMENT REPORT

1. Complainant/Officer [REDACTED]	2. Det. Bur. No.	3. Complaint No. 2004-1667
--------------------------------------	------------------	-------------------------------

4. PERSONS INTERVIEWED:	Page Number 2/2
-------------------------	--------------------

Name	Address	Age-DOB	Telephone
[REDACTED]	[REDACTED]	03-03-1941	[REDACTED]
[REDACTED]	[REDACTED]	11-14-1946	[REDACTED]

V-1 stated as he entered the intersection he was traveling a little faster than usual but not faster the traffic around him was traveling. V-1 stated he struck V-2 because he believes his ABS brakes failed. V-1 struck V-2 while in the intersection of Church St and Fort Watson St. There were no skid marks at or near incident location. V-1 was removed from her vehicle by the Cortland Fire Dept. and transported to CMH ER by T.L.S. Ambulance. V-2 stated she had a green light and as she entered the intersection she was struck by V-1. W-1 and W-2 were both witnesses to the accident. Both W-1 and W-2 stated V-1 was traveling at a high rate of speed and failed to stop for a red traffic light. Detectives Information Exchanged

CORTLAND POLICE DEPARTMENT INVESTIGATION REPORT

5. Reporting Officer [Signature]	Badge No. 7224	Date/Time 06-01-04	6. Approving Superior [Signature]	7. Review Clerk
-------------------------------------	-------------------	-----------------------	--------------------------------------	-----------------

DO NOT WRITE ON BACK