



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 1368

Date Received

16-MAR-2005

Repository

Reference No.
10115232

OWNER INFORMATION (Type or Print)

Name

Address

City KENDALLVILLE

State IN

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Same

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorized signature, please print name or address to the vehicle manufacturer.

YES

NO

Signature of Owner

Date 3/30/05

VEHICLE INFORMATION

1) Digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GNDT135522

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2002

Date Purchased

2/25/02

Dealer's Name and Telephone Number

SHEPHERDS GMC 260/347-1400

Engine:

No. Cylinders 6

Fuel Type:

Regular

Original Owner

Dealer's City

KENDALLVILLE

State

IN

Zip Code

46755

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

09-FEB-2005

Failure Mileage

43000

Failure Speed

50

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/85R16)

DOT No. (Example: DDTMAL9ABC036)

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

Number of Deaths

Reported to Police

1

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).

DURING A 30 MPH VEHICLE FRONTAL COLLISION FRONT AIR BAGS DID NOT DEPLOY. CONSUMER SUSTAINED MINOR INJURIES. THE VEHICLE WAS TOWED. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK

Problem was discussed with the dealer in detail but do not know what dealer could do to resolve problem.

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.



INDIANA OFFICER'S STANDARD CRASH REPORT

Mail to: **Electronic Version**

Indiana State Police, Crash Records Section
600 North Senate Avenue, Indianapolis, IN 46204

90088151

Page 1 of 3

Local ID: [REDACTED]

Date of Crash 02/08/2006	Day of Week Wed	Actual Local Time 4:40 PM	County NOBLE	Township WAYNE	# Motor Vehicles 1	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Other 0
Road Crash Occurred On RILEY RD			Intersecting Road/Street/Highway ROUND ISLAND DR		If not an intersection, number of east from	Direction	Road Classification COUNTY ROAD		
Local Corporate Utility? NO	City/Town or Nearest City/Town KENDALLVILLE			Property? OTHER	Crash Location	Crash Length			
Driver I [REDACTED]	Driver II [REDACTED]	Driver III [REDACTED]	Driver IV [REDACTED]						

Primary Cause Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Primary Cause Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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Type of Crash RAN OFF ROAD

Narrative

DRIVER 1 OF VEHICLE 1 STATED THAT SHE WAS COMING TO THE CURVE ON RILEY ROAD AND SHE STATED THAT HER VEHICLE STARTED TO SLIDE ON THE ROAD. D1 STATED THAT SHE PUSHED ON THE BRAKES BUT SHE COULD NOT GET THE VEHICLE TO TURN AND THE VEHICLE WENT DOWN INTO THE DITCH. D1 SUFFERED A CUT TO HER FACE, BY HER NOSE AND SHE WAS TRANSPORTED TO THE HOSPITAL BY EMS.

Time Notified 4:40 PM	Time Arrived 4:44 PM	Other Location of Investigation AT SCENE ONLY			
Assisting Officer ARRON KNIGHT	ID No. 5720	Agency NOBLE SD	Investigation Complete? YES	Photos Taken? NO	
Assisting Officer	ID No.	Agency	Date of Report 02/09/2005		
Investigating Officer CONEY, S	ID No. 1111	Agency NOBLE SD	Reporting Officer		

UNIT INFORMATION

Local ID
 [Redacted]

908368151

1 Driver's Name (Last, First, MI)
 [Redacted]

Safety Equipment Used
 LAP + HARNESS

[Redacted]

Safety Equipment Effective?
 YES

KENDALLVILLE IN [Redacted]

Ejection/Trapped
 NOT EJECTED OR TRAPPED

Date of Birth 05/05/1949 Age 55 Gender FEMALE

DOB No. [Redacted] Driver Injury Status NON-INCAPACITATING

Driver's License # 890682770 Lic Type OP CUL Class IN Lic Status IN

Name of Most Severe Injury SEVERE BLEEDING

Approval Required Status

<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Glasses/Contact Lenses	<input type="checkbox"/> Employer's Vehicle Only
<input type="checkbox"/> Had Been Drinking	<input type="checkbox"/> Outside Rearview Mirror	<input type="checkbox"/> State-Closed Vehicle
<input type="checkbox"/> Handcapped	<input type="checkbox"/> Daylight Driving	<input type="checkbox"/> PP Classification Test Only
<input type="checkbox"/> Ashes/Fallguard	<input type="checkbox"/> Automatic Transmission	<input type="checkbox"/> Power Steering
<input type="checkbox"/> Drug/Alcohol/Unknown	<input type="checkbox"/> Special Controls	<input type="checkbox"/> Special Restraints
	<input type="checkbox"/> Employment Only	<input type="checkbox"/> Protection DNG
	<input type="checkbox"/> Motorcycles Only	<input type="checkbox"/> Protection MTD
	<input type="checkbox"/> Toll-Free Employment	<input type="checkbox"/> None

Location of Most Severe Injury
 FACE

Test Sites Type Sites
 Blood Urine Breath SFST PBT

Y Codes

<input type="checkbox"/> Infraction	<input type="checkbox"/> License
<input type="checkbox"/> Motorcycles	<input type="checkbox"/> Other
<input type="checkbox"/> Felony	

Alcohol Results Certified Test Pending Drug Results

Year 1 Color SILVER Vehicle Year 2002 Make CHEVROLET Model TRAIL BLAZER Style 4D

Initial Impact Area

Occupants 1 License Year 2004 License Status IN

<input type="checkbox"/> Undercarriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Trailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Front [] [] [] [] Rear

Axes 2 Speed Limit 35 Insured By CITIZEN INSURANCE Phone Number 000-0000

Areas Damaged (Multiple)

Registered Owner's Name (Last, First, MI) [Redacted] Same as Driver

<input type="checkbox"/> Undercarriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Trailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Front [] [] [] [] Rear

KENDALLVILLE IN [Redacted]

Vehicle Use
 PERSONAL (FARM, COMPANY)

Towed? Towed To YES LBSON Towed By LASH WRECKER SERVICE

License Year Lic Year Registered Owner's Name (Last, First, MI) Same as Driver

Emergency Call First NO

Uninsured Address (Street, City, State, Zip)

Vehicle Type
 SPORT UTILITY VEHICLE

Year Make

Two-Crank Vehicle Action
 GOING STRAIGHT

1 to State Lic Year Registered Owner's Name (Last, First, MI) Same as Driver

Direction of Travel
 NORTH

License Address (Street, City, State, Zip)

Type of Primary/Secondary Roadway

Year Make

One Way Traffic Two Way Traffic

Commercial Vehicle: Carrier's Name and Address

One Lane Two Lanes Private Drive

[Redacted]

Two Lanes Multi-Lane Divided (3 or more) Alley

HAZMAT Proper Shipping Name:

Multi-Lanes (3 or more) Multi-Lane Undivided 2 way left turn

UN DOT# ICIS State DOT#

Multi-Lane Undivided (3 or more)

Vehicle Manufacturer CIV Inspection # Yes

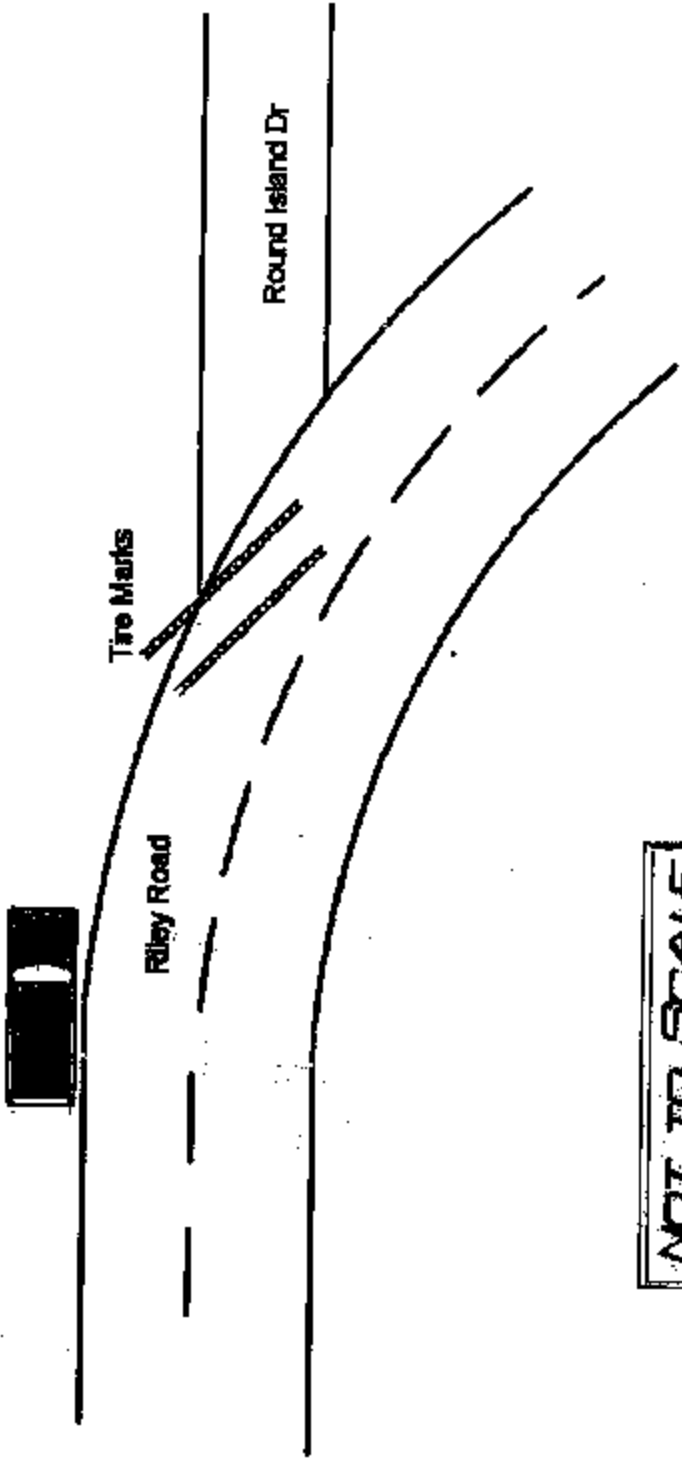
Collision Crash

Gross Vehicle Weight Rating Cargo Body Type

Non-Collision Crash

HAZMAT Placed HAZMAT Release of Cargo HAZMAT 4-Digit ID Hazard Class #

DITCH



**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).**