

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>			<p>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</p>			<p>FOR AGENCY USE ONLY 241</p>		
<p>OWNER INFORMATION (Type or Print)</p>			<p>Date Received 2005 DEC 27 PM 2:07 22-APR-2005</p>		<p>Repository <input type="checkbox"/></p>		<p>Reference No. 10119063</p>	
<p>Name _____</p>			<p>Daytime Telephone Number _____</p>		<p>E-mail Address _____</p>			
<p>Address _____</p>			<p>Evening Telephone Number _____</p>					
<p>City GALLATIN State TN Zip Code _____</p>								
<p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.</p>								
<p>Signature of Owner _____ Date 1/1</p>								
VEHICLE INFORMATION								
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GNDS13S32 _____</p>			<p>Make CHEVROLET</p>		<p>Model TRAILBLAZER</p>		<p>Model Year 2002</p>	
<p>Date Purchased 02-JUN-02</p>		<p>Dealer's Name and Telephone Number Tom Brown 615-851-8000</p>			<p>Engine: No: Cylinders 6</p>		<p>Fuel Type:</p>	
<p>Original Owner <input type="checkbox"/></p>		<p>Dealer's City Nashville, TN 32115</p>		<p>State Zip Code</p>				
<p>Transmission Type AUTOMATIC</p>		<p><input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control</p>		<p>Powertrain REAR WHEEL DRIVE</p>		<p>Vehicle Component Code 072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, ,</p>		
<p>Multiple Failure: <input checked="" type="checkbox"/> 3 total</p>								
FAILED COMPONENT(S)/PART(S) INFORMATION								
<p>Incident Date(s) 04-APR-2005</p>		<p>Failure Mileage 62109</p>		<p>Failure Speed 70</p>				
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE								
<p>Tire Make</p>			<p>Tire Model (Name or Number)</p>			<p>Tire Size (Example P215/65R15)</p>		
<p>DOT No. (Example: DOTM19ABC036)</p>			<p><input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair</p>		<p>Failure Location:</p>			
<p>Tire Component Code</p>					<p>Tire Failure Type</p>			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE								
<p>Make:</p>			<p>Date Manufactured:</p>			<p>Model No./Name:</p>		
<p>Seat Type:</p>			<p>Installation System:</p>					
<p>Child Seat Component Code:</p>			<p>Failed Part:</p>					
APPLICABLE INCIDENT INFORMATION								
<p><small>(Please describe in detail the incident, failure(s), crash(es), and any injuries.)</small></p>								

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

while driving North on Interstate 65 in heavy-traffic, lost of gasoline from the clip to the fuel hose, I can in failure, in heavy traffic, force the abrupt stop cars throwing on the brake to stop, if it my emergency stop, I was lucky. Maybe the next person would be as lucky.

Thank you



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

NASHVILLE TN 372

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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

