



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 100148

Date Received

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25-MAY-2005Reference No.  
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## OWNER INFORMATION (Type or Print)

Name	[REDACTED]			Daytime Telephone Number	[REDACTED]	E-mail Address	[REDACTED]
Address	[REDACTED]			Evening Telephone Number	[REDACTED]		
City	EAST BERLIN	State	PA	Zip Code	[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 \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GNDT12S7 [REDACTED]	Make CHEVROLET	Model TRAILBLAZER	Model Year 2002
Date Purchased 30-MAR-02	Dealer's Name and Telephone Number BEST CHEVY		Engine: No. Cylinders 8
Original Owner <input checked="" type="checkbox"/>	Dealer's City SPRING GROVE	State PA	Zip Code
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Anti-lock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 141000 AIR BAGS:FRONTAL
			Multiple Failure: 1

## FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 24-MAY-2005	Failure Mileage 42000	Failure Speed 35	
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## 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: DOTM19ABC036)	<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, failure(s), crash(es), and injuries.)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police Y
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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).

DT: AIR BAG DID NOT DEPLOY IN A OFF CENTER FRONTAL COLLISION. WHILE TRAVELING ABOUT 36-40 MPH CONSUMER'S VEHICLE HIT THE REAR OF ANOTHER VEHICLE. IT WAS AT A GARAGE NEAR THE ACCIDENT SCENE. NO ONE LOOKED AT THE VEHICLE BUT THE RESCUE SERVICES WERE SUPPOSED THAT THE AIRBAGS DID NOT DEPLOY. INTERMITTENTLY THE SRS LIGHT WOULD COME ON. TOOK VEHICLE TO DEALER AND IT WAS REPAIRED IN JULY 2004. \*AK

SURPRIZED

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.

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

FRONT BUMPER OF MY TRAILBLAZER SLID UNDERNEATH FORD EXPLORER REAR BUMPER. BUMPERS OF BOTH VEHICLES HAD ONLY SLIGHT CONTACT.

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**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



**VEHICLE OWNER'S QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

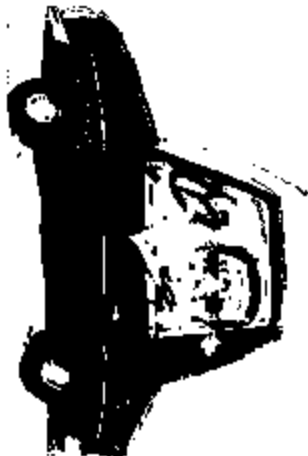
**TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR**

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**  
**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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