



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 100148

Date Received

2005 AUG -5
19-JUL-2005

Repository

Reference No.
10128303

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: MISSOULA State: MT Zip Code: [REDACTED]

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? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date: 7/19/05

VEHICLE INFORMATION

17 digit vehicle identification number located at bottom of windshield on driver's side: 1GNDT13W8W2 [REDACTED]
Make: CHEVROLET Model: BLAZER Model Year: 1998
Date Purchased: 28-NOV-01 Dealer's Name and Telephone Number: SUNSHINE MOTORS 406-728-2825 Engine: No. Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: MISSOULA State: MT Zip Code: 59802
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: 4 WHEEL DRIVE Vehicle Component Code: 220000 SEATS
Multiple Failures: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 02-DEC-2001 Failure Mileage: 31958 Failure Speed: 0

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: DOTM18ABC036) 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: 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. part repaired or replaced (specify part is available).

DOT CONSUMER STATES THAT THE LEVERS ON THE FRONT TWO SEATS BROKE. THIS HAS BEEN HAPPENING SINCE 2001. THE OWNER CONTACTED THE DEALER AND THE MANUFACTURER. THE MANUFACTURER TOLD THE OWNER TO KEEP REPLACING THE LEVERS WITH THE SAME IDENTICAL PART WITH WHAT THEY PROVIDED. AFTERWARDS, THE DEALERSHIP REPLACED THE LEVERS. THEY KEPT BREAKING. OWNER DECIDED TO GO TO AN INDEPENDENT REPAIR SHOP LEVERS WERE MADE OUT OF METAL AND WERE LASTING. HAD NOT BROKEN SINCE THE OWNER CHANGED THE LEVERS TO METAL. CURRENTLY, THE OWNER WAS GOING TO HAVE TO REPLACE THE LEVER ON THE OTHER SEAT WHICH WOULD COST \$113.52. THE OWNER STATED THAT THERE SHOULD BE A RECALL, THAT THEY REPLACE THE LEVER WITH REAL METAL INSTEAD OF FLIMSY METAL, AND THE MANUFACTURERS SHOULD REIMBURSE THE CONSUMER. THIS WAS ALL INFORMATION THAT THE CONSUMER HAS PROVIDED TO NHTSA. *AK

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