



# Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS  
888-327-4236  
www.safercar.gov

FOR AGENCY USE ONLY	
Date Received	Repository <input type="checkbox"/>
1034536	
Reliance No.	8-24-2005

OWNER INFORMATION (Type or Print)			
Name	[Redacted]		
Street No.	APT No.	[Redacted]	
City	State	Zip Code	E-mail
ORLANDO	FL	[Redacted]	N/A

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
 In the absence of authorization, NHTSA will provide a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on your vehicle.

Signature of Owner: [Redacted] Date: 8/24/05

VEHICLE INFORMATION					
17 digit Vehicle Identification number located at bottom of windshield on driver's side			Make	Model	Year
[Redacted]			CADILLAC	TRUCK BLAZER	02
Date Purchased	Dealer's Name and Telephone Number		Engine	Fuel Type	
Leased	Hegans Chevrolet		Gasoline	<input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid <input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Original Owner	Dealer's City	State	Zip Code	No. Cylinders	
		FL			
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	<input checked="" type="checkbox"/> Rear-Wheel Drive		
<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> Cruise Control	<input type="checkbox"/> All-Wheel Drive	<input type="checkbox"/> Four-Wheel Drive		
<input checked="" type="checkbox"/> Automatic		<input type="checkbox"/> Front-Wheel Drive			

FAILED COMPONENT(S)/PART(S) INFORMATION					
Component Name	Incident Date(s)	Failure Mileage	Failure Speed	Failure Location	
REAR TOP TAIL LIGHT	12-03	N/A	N/A	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Front <input type="checkbox"/> Rear	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make/Brand	Tire Model/Line	Tire Name	Tire Size (Example: P215/65R110G)
Failed Structure		DOT No. (Example: DOT MAL3ARC036 on sidewall)	
<input type="checkbox"/> Tread <input type="checkbox"/> Sidewall <input type="checkbox"/> Bead		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	
Failure Type: <input type="checkbox"/> Blowout <input type="checkbox"/> Blister <input type="checkbox"/> Crack <input type="checkbox"/> Torn <input type="checkbox"/> Tread Separation <input type="checkbox"/> Road Hazard <input type="checkbox"/> Out of Round			

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE			
Make	Date Manufactured	Model Number and Name	
Seat Type	Installed in Vehicle using the:		
<input type="checkbox"/> Infant <input type="checkbox"/> Booster <input type="checkbox"/> Integrated <input type="checkbox"/> Convertible <input type="checkbox"/> Other	<input type="checkbox"/> Vehicle safety belt <input type="checkbox"/> LATCH system* <small>*Vehicle info required</small>		
Failed Part. Describe Failure Below			
<input type="checkbox"/> Base <input type="checkbox"/> Harness/Buckle <input type="checkbox"/> LATCH Connector <input type="checkbox"/> Shell <input type="checkbox"/> Handle <input type="checkbox"/> Other			

APPLICABLE INCIDENT INFORMATION			
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)			
Crash	Fire	Number of Persons Injured	Number of Deaths
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2	0
Police Report No. [Redacted]			

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

We were hit from behind while slowing down in traffic @ 6:00 evening going north on US 17/92 in Manatee FL. The SUV was headed west side of road with the two people in front of car + car was with a car would not be either. Remember to tell the truth + make my SUV a lemon law item even when it's not like show it to be so.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to provide this information. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a defect. If NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or any other information you provide, may be used in support of the agency's action.

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

This SUV HAD THE WINDSHIELD WIPPER FAILURE

1 HAD 2 TAIL LIGHT FAILURE

1 HAD ENGINE PROBLEM COULD START WITH 2 STARTS

1 HAD BATTERY FAILURE 3X

1 HAD OOSH BEARS FAILURE

1 HAD FRONT LIGHT FAILURE

1 HAD TOTAL ELECTRICAL FAILURE

1 HAD 2 TAIL LIGHT FAILURE

This car had no relationship even though they advertised it?

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



BUSINESS REPLY MAIL

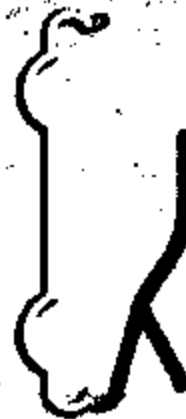
FIRST CLASS PERMIT NO 79173 WASHINGTON, D.C.

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-210 400 7th Street, SW Washington, DC 20590



Think your vehicle has a safety defect?



It can

Use the enclosed form to file a report.

or visit

www.safercar.gov

or call

1-800-327-4237

1-800-327-4237



NHTSA's Office of Defects Investigation U.S. Department of Transportation National Highway Traffic Safety Administration