



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 NOV 16 PM 11:18
11-OCT-2005

Repository
Reference No.
10139341

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City STILLWATER State NY Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
E-mail Address [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an [REDACTED] name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 11/3/05 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
16NBT13537A [REDACTED]
Make CHEVROLET Model TRAILBLAZER Model Year 2002

Date Purchased 01-MAY-04 Dealer's Name and Telephone Number WHITEMAN CHEVROLET 518-792-2196 Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City GLENS FALLS State NY Zip Code 12801

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 121000 EXTERIOR LIGHTING:HEADLIGHTS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-OCT-2005 Failure Mileage 50000 Failure Speed

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) 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. parts repaired or replaced (and if old part is available).

DT: THE CONTACT OWNS A 2002 CHEVROLET TRAILBLAZER. THE FRONT HEADLIGHT UNIT WOULD GO ON AND OFF. A LOCAL REPAIR STATION SAID THAT THE WIRING TO THE HEADLIGHT UNIT NEEDED TO BE REPLACED. THE MECHANIC REPLACED THE HEADLIGHT UNIT. THE CONTACT DID NOT CALL THE LOCAL SERVICE DEALER BECAUSE THE VEHICLE WAS NO LONGER UNDER WARRANTY, BUT DID REPORT THIS PROBLEM TO THE MANUFACTURER. THE MANUFACTURER ADVISED HIM TO CONTACT NHTSA BECAUSE THERE WAS NO RECALL ON THIS COMPONENT.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 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 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.

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).