



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 10014B

Date Received 10-NOV-2005
Repository
Reference No. 101423B1

OWNER INFORMATION (Type or Print)

Name [REDACTED] Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Address [REDACTED] Evening Telephone Number [REDACTED]
City CAROLINE State WI 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: 1GND113F422 [REDACTED]
Make CHEVROLET Model TRAILBLAZER Model Year 2007
Date Purchased _____ Dealer's Name and Telephone Number _____ Engine: No. Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City _____ State _____ Zip Code _____
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain ALL WHEEL DRIVE Vehicle Component Code 121300 EXTERIOR LIGHTING:HEADLIGHTS:HIGH/LOW BEAM DIMMER
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 10-OCT-2005 Failure Mileage _____ 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), condition(s) 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 STATED THE HEADLIGHT ON THE DRIVER'S SIDE FLICKERED WHILE ON LOW BEAM. THIS PROBLEM OCCURRED EVERY TIME THE CONTACT USED THE LOW BEAMS. THE FLICKER DISAPPEARED WHEN HIGH BEAMS WERE USED. HE CONTACTED THE MANUFACTURER; THEY SAID TO MAKE AN APPOINTMENT WITH THE DEALER. NOW, HE HAS A PENDING APPOINTMENT WITH THE DEALER. *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.

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

When driving at night, the driverside low beam turns
on and off while driving.

Taking is very dangerous at night for other drivers.

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

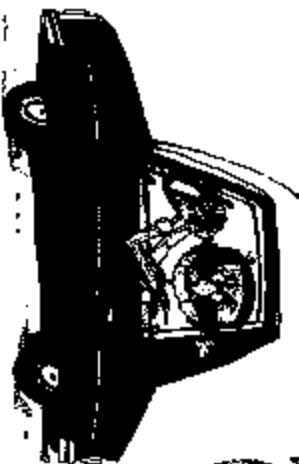
DASH2DOT

and dial toll free at

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(DASH) 2 DOT



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