



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
2006 JAN 11 PM 1:40
30-NOV-2005

Repository
Reference No.
10144023

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City HAMPTON FALLS State NH Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
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 1/11/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GMDT13SX2 [REDACTED] Make CHEVROLET Model TRAILBLAZER Model Year 2002

Date Purchased 27-FEB-02 Dealer's Name and Telephone Number PORTSMITH CHEVROLET 603-436-6010 Engine: No. Cylinders 6 Fuel Type: Gas

Original Owner Dealer's City PORTSMITH State NH Zip Code 03801

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 103000 POWER TRAIN-AUTOMATIC TRANSMISSION Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 27-NOV-2005 Failure Mileage 20968 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: DOTM15ABC036) 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

Briefly describe the 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 HEARD A LOUD CLINGING NOISE IN TRANSMISSION. SHE COULD THEN ONLY GET THE VEHICLE TO GO IN FIRST GEAR. THE VEHICLE WAS THEN TOWED TO A CERTIFIED DEALER. THE DEALER CONFIRMED THAT THE VEHICLE WOULD NEED A NEW TRANSMISSION. THE MANUFACTURER WAS CONTACTED. THEY OFFERED NO FREE REMEDY. *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 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)

2002 Trailblazer had less than 30,000 miles when transmission went. Chevrolet in FL stated we were offered a deal from dealer which turned out to be Core. Being sent back to FL. Has had brake lights fail. Transfer case failed. Actually put it in 4th gear while drive had almost 2 hrs to get resolved. Biggest issue was transmission failing when FL knew about it did nothing then I had transmission in 2003 because part of transmission out to lot. Someone should address this problem

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 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



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TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

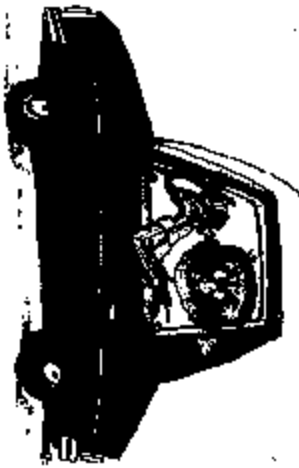
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