



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: **03M APR 14 PM 1:25**  
31-MAR-2006  
Repository:   
Reference No.: 10154290

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: 360 PRAIRIE DR  
City: FORKS State: WA Zip Code: [REDACTED]

Daytime Telephone Number: 360-374-9466  
Evening Telephone Number: [REDACTED]  
E-mail Address: [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: 3/1/06

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **1GBT19529Z288523**  
Make: CHEVROLET Model: TRAILBLAZER Model Year: 2005  
Date Purchased: 04-APR-05 Dealer's Name and Telephone Number: KOENIG CHEVROLET 360-547-4444 360: 467-4444  
Engine: No. Cylinders: 6 Fuel Type: Gas  
Original Owner:  Dealer's City: PORT ANGELES State: WA Zip Code: 98362  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control Powertrain: 4 WHEEL DRIVE  
Vehicle Component Code: 110000 ELECTRICAL SYSTEM  
Multiple Failure: 1

**FAILED COMPONENT(S) / PART(S) INFORMATION**

Incident Date(s): 30-MAR-2006 Failure Mileage: 10000 Failure Speed: [REDACTED]

**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: DOTM1SABC036)  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 STATED INTERMITTENTLY THE HEADLIGHTS AND DASH BOARD LIGHT FLICKERED. THE VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION; ~~however, the dealer does not have a repair record.~~  
Dealer states that ~~an~~ reports that this is "Normal Operating procedure!"

Please correct mistakes / and mail copy to Above Add.  
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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.