



Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

888-327-4236
www.safercar.gov

FOR AGENCY USE ONLY	
Date Received 5-2-06	Repository <input type="checkbox"/>
Reference No. 10155162	

OWNER INFORMATION (Type or Print)

Name: [Redacted]
 Street No.: [Redacted] Apt. No.: [Redacted]
 City: North Canton State: OH Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
 Evening Telephone Number: Same
 E-mail: [Redacted]

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: 04-24-2006

VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side: 1GNGL135K22 [Redacted]
 Make: Chevy Model: Trailblazer Year: 2002 Current Mileage: 60000
 Date Purchased: 4-2002 Dealer's Name and Telephone Number: Ewing Chevrolet
 Dealer's City: Canton State: OH Zip Code: 44720 Engine: [Redacted] Fuel Type: Gas Diesel Hybrid Other
 Transmission Type: Automatic Manual
 Antilock Brakes: Cruise Control:
 Powertrain: All-Wheel Drive Rear-Wheel Drive Front-Wheel Drive Four-Wheel Drive

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name	Incident Date(s)	Failure Mileage	Failure Speed	Failure Location
Tire	2-24-06	60000	65	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand: Goodrich Tire Model/Line: OPEN TRAIL Tire Name: P245/70R16
 Failed Structure: Tread Sidewall Bead DOT No. (Example: DOT MAL9ABC036 on sidewall): DOT AP9L 2F11 220.5
 Failure Type: Blowout Blister Crack Torn Tread Separation Road Hazard Out of Round
 Original Equipment Prior Repair

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model Number and Name: [Redacted]
 Seat Type: Infant Booster Integrated Convertible Other
 Failed Part. Describe Failure Below: Base Harness/Buckle LATCH Connector Shell Handle Other
 Installed in Vehicle using the: Vehicle safety belt LATCH system*
*Vehicle info required

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured: 0	Number of Deaths: 0	Police Report No.: 10-90-0119
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).
 Tire blow out; minor damage due to barrier strike on driver rear. Tires were replacement with approx 3500 miles of use but were same brand size & style of the original equipment. Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882