



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

2006

FOR AGENCY USE ONLY 100148

Date Received
MAY 30 PM 2:31
13-APR-2006

Repository
Reference No.
10155609

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City AYER State MA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
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 [REDACTED] name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 5/12/2006

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GNDT135722 [REDACTED]
Make CHEVROLET Model TRAILBLAZER Model Year 2002
Date Purchased [REDACTED] Dealer's Name and Telephone Number BANK CHEVROLET Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City CONCORD State MA Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 030000 SERVICE BRAKES, HYDRAULIC
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 13-APR-2006 Failure Mileage 102000 Failure Speed 65

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM1A9ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 [REDACTED] Number of Deaths [REDACTED] 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 WHILE DRIVING 65MPH, THE RIGHT REAR BRAKE PLATE FRACTURED AND BROKE. AS A RESULT, THE RIGHT REAR TIRE BLEW. THE VEHICLE WAS TOWED TO THE RESIDENCE AND THE SPARE TIRE WAS APPLIED TO THE VEHICLE.

RUSTED BRACKING PLATE CUT TIRE CAUSING
BLOW OUT

Include, if available: Police/Fire Department Report, Photos, and Repair Involes. 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.

