



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

15-MAY-2006

Repository

Reference No.

10157599

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: TRIMBLE State: TN Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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: [REDACTED] Date: 6/4/06

VEHICLE INFORMATION

17 digit vehicle Identification Number located at bottom of windshield on driver's side: 1GKDS13562 [REDACTED]
Make: CHEVROLET Model: TRAILBLAZER Model Year: 2002
Date Purchased: 24-DEC-05 Dealer's Name and Telephone Number: DELTA CHEVROLET Engine: No: Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: DYERSBURG State: TN Zip Code: [REDACTED]
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: REAR WHEEL DRIVE Vehicle Component Code: 140000 AIR BAGS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 15-MAY-2006 Failure Mileage: 72000 Failure Speed: 35

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: DOTM1SABC036): [REDACTED] 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: 1 Number of Deaths: 0 Reported to Police: Y

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 TRAVELING 35 MPH WITH PRIOR BRAKING, THE VEHICLE VEERED OFF THE ROAD AND SLID INTO A DITCH. THERE WAS FRONT END DAMAGE; THE FRAME RAIL AND HOOD BENT. THE AIRBAGS DID NOT DEPLOY WHEN THIS OCCURRED. THE CONTACT WAS NOT IN THE VEHICLE AND THE DRIVER IS UNAWARE OF WHAT CAUSED THE VEHICLE TO VEER OFF THE ROAD. THE DRIVER SUSTAINED HEAD TRAUMA AND THE SEAT BELT WAS NOT WORN. THERE WAS A POLICE REPORT TAKEN AT THE SCENE. THE VEHICLE WAS TOWED TO AN INDEPENDENT REPAIR SHOP, BUT HAS NOT BEEN INSPECTED BY A MECHANIC.

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1976 (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 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 response, or a statistical summary thereof, may be used in support of the agency's action.