



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

Repository

2006 DEC 12 AM 9:40
13-NOV-2006

Reference No.
10173389

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City GREER State SC Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [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 ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GND513S [REDACTED] Make CHEVROLET Model TRAILBLAZER Model Year 2005

Date Purchased 06-JUN-05 Dealer's Name and Telephone Number KEVIN WHITAKER CHEVROLET Engine: No: Cylinders 6 Fuel Type: Gas

Original Owner Dealer's City GREENVILLE State SC Zip Code

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 121000 EXTERIOR LIGHTING: HEADLIGHTS *instrument panel lights dome lights*
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-NOV-2006 Failure Mileage 30021 Failure Speed *head lights, instrument panel light, dome lights*
3-28-2006 15829 flicker off or on simultaneously

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make DOT No. (Example: DOTM9ABC036) 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 WHILE DRIVING VARIOUS SPEEDS AT NIGHT, THE HEADLIGHTS, INTERIOR DOME LIGHT AND THE INSTRUMENT PANEL FLICKER ON AND OFF WITHOUT WARNING. THE VEHICLE WAS DRIVEN TO THE DEALER WHO COULD NOT DUPLICATE THE PROBLEM.

3 Attempts have been provided for the dealership to correct problem.

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.