



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 **2006 DEC 18 AM 9:20**
 01-DEC-2006
 Repository
 Reference No.
 10174861

OWNER INFORMATION (Type or Print)

Name [REDACTED]
 Address [REDACTED]
 City SHELTON State CT 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 [REDACTED] Date **12/18/06**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GNDDT13S3 [REDACTED]
 Make CHEVROLET Model TRAILBLAZER Model Year 2002
 Date Purchased 01-DEC-05 Dealer's Name and Telephone Number CRABTREE USED AUTO SALES UNKNOWN Engine: No: Cylinders 6 Fuel Type: Gas
 Original Owner Dealer's City SHELTON State CT Zip Code 06484
 Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-DEC-2006 Failure Mileage 54000 Failure Speed

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: DOTM19ABC036) 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 THE AIRBAG LIGHT ILLUMINATED UPON INITIALLY STARTING THE ENGINE. THE VEHICLE WAS INSPECTED BY AN INDEPENDENT REPAIR SHOP, WHO PERFORMED A DIAGNOSTIC TEST WHICH PRODUCED A FAILURE CODE FOR THE AIRBAG SENSOR. THERE WAS A NHTSA RECALL, # 02V222000, REGARDING THE AIRBAGS. THE VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO THE VIN. THE DEALER WAS ALERTED, AND THE MANUFACTURER WAS NOT CONTACTED.

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 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

NONE TO DATE! AS OF 12-08-06

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590
OFFICIAL BUSINESS

SOUTHERN CT 064



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

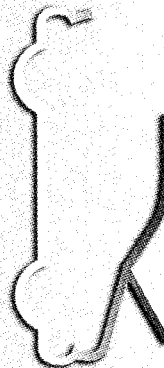
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



Think your vehicle
has a safety defect?



If so:
Use the enclosed
form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline
888-327-4236

www.nhtsa.gov
NHTSA

Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration