



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
2007 OCT 31
15 Oct 2007

Repository
Reference No.
10205732

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City ST. LOUIS State MO 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 address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 10/24/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GNDT13WXX2 [Redacted]
Make CHEVROLET Model BLAZER Model Year 1999

Date Purchased 22-JUL-01 Dealer's Name and Telephone Number Feld Chevrolet 314 291 2200
Original Owner Dealer's City ST Louis State MO Zip Code 63044
Engine: No: Cylinders 6 Fuel Type: Gas

Transmission Type AUTOMATIC Antilock Brakes Cruise Control
Powertrain UNKNOWN
Vehicle Component Code 221200 SEATS:FRONT ASSEMBLY:RECLINER
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 04-JUL-2007 Failure Mileage 65000 65416 Failure Speed 0

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 1 Number of Deaths 0 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).

TL*THE CONTACT OWNS A 1999 CHEVROLET BLAZER. WHILE RECLINING THE BACK SEAT, THE HEAD REST RECLINED, SMASHED AND BRUISED HER FINGER. THE FINGER INJURY WAS SEVERE AND CAUSED THE FINGER NAIL TO BE REMOVED. THE HEAD REST RECLINED PREVIOUSLY AND HIT HER HAND WITHOUT CAUSING AN INJURY. THE DEALER AND MANUFACTURER HAVE NOT BEEN NOTIFIED OF THE FAILURE. THE CURRENT AND FAILURE MILEAGES WERE 65,000.

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.

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

The headrest folds as I know it is suppose to, but there is no way to hold it and lower seat at same time. IT does the procedure with a vengeance.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

SAINT LOUIS MO 631

21 OCT 07 9M 07 T

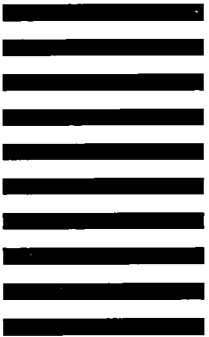


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

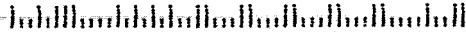
BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

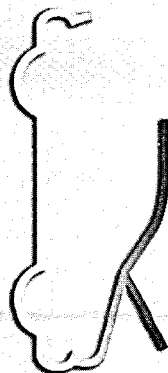
U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590



20590+0000



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**



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