



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 **27-NOV-2007** Repository

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Reference No. 10210065

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City **CLAIR Eau Claire** State **WI** 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 authorized signature, please print your name or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date **12/2/2007**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side **1GNDDT13S822** [Redacted]
Make **CHEVROLET** Model **TRAILBLAZER** Model Year **2002**
Date Purchased **09-AUG-02** Dealer's Name and Telephone Number **KARL'S Chevrolet 715 362 3011** Engine: No: Cylinders **6** Fuel Type: **GAS**
Original Owner Dealer's City **COLFAX** State **WI** Zip Code **54730**
Transmission Type **AUTOMATIC** Antilock Brakes Cruise Control Powertrain **4 WHEEL DRIVE** Vehicle Component Code **103300 POWER TRAIN:AUTOMATIC TRANSMISSION:GEAR POSITIOI**
Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **26-NOV-2007** Failure Mileage **53673** Failure Speed **45** **complete loss of Reverse and 2 of the forward gears.**

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 **0** 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 2002 CHEVROLET TRAILBLAZER. WHILE DRIVING APPROXIMATELY 45 MPH, THE CONTACT HEARD A LOUD NOISE UNDERNEATH THE VEHICLE. UPON ARRIVING HOME, HE DISCOVERED THAT HE COULD NOT SHIFT INTO REVERSE. CHEVROLET HAS NOT BEEN NOTIFIED. THE VIN WAS UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 53,673.

This transmission could have locked up the gears. and the vehicle following me could have crashed into the rear of mine.

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.

THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXAMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).