 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 JAN 19 2011 01-DEC-2010 Repository <input type="checkbox"/> Reference No. 10368467	
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City	State	Zip Code	
GROVE CITY	OH		
The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number. Located at bottom of windshield on driver's side		Make	Model
1GNES16S556		CHEVROLET	TRAILBLAZER
Model Year		Engine:	Fuel Type:
2005		No: Cylinders	gas
Date Purchased	Dealer's Name and Telephone Number		State
5/8/05	Taylor Dealerships (740) 653-2091		OH
Original Owner	Dealer's City	Zip Code	
<input checked="" type="checkbox"/>	Lancaster	43130	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
Auto	<input checked="" type="checkbox"/> Cruise Control		yes
		Incident Date(s)	
		30-NOV-2010	June 2007?
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE		Failure Mileage	Failure Speed
		35800	Stopped
		88,000	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment	Failure Location:	
	<input type="checkbox"/> Prior Repair		
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	Fire	Number of Persons Injured	Number of Deaths
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 2005 CHEVROLET TRAILBLAZER. WHILE THE GAS TANK WAS FULL, THE GAS GAUGE DISPLAYED ZERO. THE CONTACT EXPERIENCED THE FAILURE IN 2007, AND THE DEALERSHIP REPLACED THE FUEL SENSOR. THE DEALERSHIP WAS CONTACTED AND STATED THAT SINCE THE FUEL SENSOR WAS REPLACED IT SHOULD NOT HAVE FAILED AGAIN. THE CONTACT WILL BE RESPONSIBLE FOR THE REPAIRS SINCE THE WARRANTY EXPIRED. THE VEHICLE WASN'T REPAIRED. THE FAILURE MILEAGE WAS 35,800 AND THE CURRENT MILEAGES WERE 88,200. <i>I filed a report with the Ohio AG's office & was told the statute of limitations had expired. GM contacted me and said I would have to pay for diagnostics to determine the problem. I told them that was unacceptable & I will never purchase another GM vehicle (all vehicles I have ever owned were GM's). It is ridiculous that with the # of complaints a recall has not been issued!!!</i>			
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.			

* Repaired 1st time at Bobby Layman Chevrolet Columbus, OH 43228

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

Running out of fuel anywhere / anytime is a major safety issue. Being in or around a disabled vehicle is extremely dangerous. Please do something about this obvious problem!

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE. Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

COLUMBUS OH 430

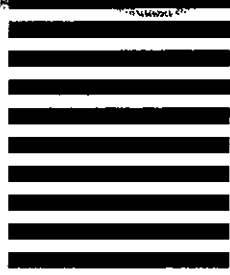
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**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



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**



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

