



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

10-JUN-2011
JUL 18 2011

Repository

Reference No.
 10405881

OWNER INFORMATION (Type or Print)

Name [Redacted]
 Address [Redacted]
 City NOICO State CA Zip Code [Redacted]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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
 1GND513S752 [Redacted] Make CHEVROLET Model TRAILBLAZER Model Year 2005

Date Purchased 6-8-2005 Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type: W Reg

Original Owner Dealer's City CORONA CA State CA Zip Code 92879

Transmission Type V6 Antilock Brakes Powertrain Multiple Failure: Incident Date(s) 10-MAR-2011
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 110000 ELECTRICAL SYSTEM Failure Mileage Failure Speed

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) Original Equipment Failure Location: 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 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).

TL*THE CONTACT OWNS A 2005 CHEVROLET TRAILBLAZER. THE CONTACT STATED THE FUEL GAUGE AND OIL GAUGE FAILED AND NO LONGER DISPLAYED READINGS. THE CONTACT STATED THAT THEY DID NOT KNOW THE OIL PRESSURE OR THE AMOUNT OF FUEL IN THE FUEL TANK. THE VEHICLE WAS NOT TAKEN TO HAVE THE FAILURE DIAGNOSED OR REPAIRED. THE FAILURE MILEAGE WAS UNKNOWN AND THE CURRENT MILEAGE WAS 71,941.

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.