

Step 1: Complete this form.

Step 2: Click here to save the form to your computer.

Step 3: Click here to access the upload web page.

Temporary Complaint Number (TCN): EBN5-8682

JUN 14 2011

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Required Information in Bold

EQ-10411130-7893

Form Approved: O.M.B. No. 2127-0008

Vehicle Information

Vehicle Identification Number (VIN) (See Instructions on the next page to locate the VIN.)

VIN grid with handwritten characters: 1GND5135952

Select/Enter Make

CHEVROLET

Enter Model

TRAILBLAZER

Select/Enter Year

2005

Incident Information

Approximate Incident Date

For multiple incident dates enter the first date of occurrence.

APRIL-2010

Was there a Crash? Yes No

Was there a Fire? Yes No

Failure Mileage

For multiple incidents enter the first failure mileage

60,000 miles

Number of Persons Injured, if any

0

Speed (at time of incident)

45 mph

Number of Deaths, if any

0

Description (up to 1900 characters)

WARNING: This description, exactly as you enter it, may appear in a public NHTSA database. Do not include any personal information (name, street/email address, phone number, social security/driver license number, Vehicle Identification Number (VIN), etc...).

VEHICLE RAN OUT OF FUEL when FUEL gage READ 1/4 TANK FUL. INCIDENT WAS AT AN INTERCHANGE OF I-485 #1-77 IN DAYLIGHT HOURS

If your component is not listed below, please describe the component in the above description field.

Failed Component 1

Select the Component

Failed Component 2

Select the Component

Failed Component 3

Select the Component

Personal Information

First Name

Last Name

Email (provided earlier and locked for your security)

Daytime Phone Evening Phone

Address 1

Address 2

City MATTHEWS

State N.C. Zip Code



Matthews, NC

CHARLOTTE NC 282
09 JUN 2011 PM 4 L



Dept OF TRANSPORTATION NHTSA
OFFICE OF DEFECTS INVESTIGATION CRD NVS-216
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