


AUG 11 2014

 <p>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</p>		FOR AGENCY USE ONLY 100148	
		Date Received: 28-MAY-2014	Repository <input type="checkbox"/> Reference No. 10594665
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City	State	Zip Code	
PORT ST LUCIE	FL		
<p>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).</p>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GNDS13S052		Make CHEVROLET	Model TRAILBLAZER
Date Purchased		Dealer's Name and Telephone Number	Model Year 2005
Original Owner <input type="checkbox"/>	Dealer's City	Engine: No: Cylinders 6	Fuel Type: GAS
State FL	Zip Code		
Transmission Type Auto	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 27-FEB-2014
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes: LIGHTING (PWS), 121000, EXTERIOR, LIGHTING: HEADLIGHTS		Failure Mileage 120000	Failure Speed 60 MPH
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 <input type="checkbox"/> Prior Repair	Failure Location:	
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0
Reported to Police N			
<p>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).</p>			
<p>TL* THE CONTACT OWNS A 2005 CHEVROLET TRAILBLAZER. THE CONTACT STATED THAT THE LOW BEAMS FAILED TO ILLUMINATE. THE CONTACT MENTIONED THAT THE HIGH BEAMS WERE ABLE TO FUNCTION. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 120,000 AND THE CURRENT MILEAGE WAS 122,000.</p>			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
<p>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.</p>			

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

WHILE DRIVING AT NIGHT, HEADLIGHTS (LOW BEAMS) WENT OFF BY THEMSELVES. ROAD WAS DARK, COULD NOT SEE WITH NO LIGHTS. I LOOK ON INTERNET, HUNDREDS OF PEOPLE HAD SAME PROBLEM. I FOUND A YOUTUBE VIDEO THAT SHOWED THE PROBLEM, THERE IS A ELECTRONIC RELAY ~~MODULE~~ MODULE THAT BURNT OUT, \$50.00 PART. ITS VERY DANGEROUS WHEN YOU ARE DRIVING DOWN A PITCH BLACK ROAD. AT 60 MPH. AND YOUR LIGHTS SHUT OFF.

ATTACH ADDITIONAL SHEETS IF NECESSARY

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



U.S. Department of Transportation

National Highway Traffic Safety Administration

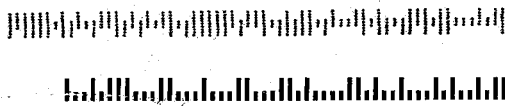
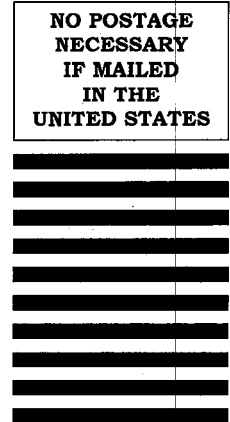
1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

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

NHTSA
www.nhtsa.gov

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