



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

Repository [ ]

08-FEB-2017

Reference No. 10950233

MAY - 2 2017

OWNER INFORMATION (Type or Print)

Name

Address

City MILTON

State FL

Zip Code

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... INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GNDS13S222

Make CHEVROLET

Model TRAILBLAZER

Model Year 2002

Date Purchased 2009

Dealer's Name and Telephone Number Private owner

Engine: No: Cylinders 6

Fuel Type: Reg. unleaded

Original Owner [ ]

Dealer's City

State

Zip Code

Transmission Type Automatic

[x] Antilock Brakes [x] Cruise Control

Powertrain

Multiple Failure:

Incident Date(s) 04-FEB-2017

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 120000 LIGHTING (PWS)

Failure Mileage 125000

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 [ ] 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 [ ] Yes [x] No Fire [ ] Yes [x] 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 2002 CHEVROLET TRAILBLAZER. THE CONTACT STATED THAT THE REVERSE LIGHTS FAILED TO OPERATE. THE LIGHT BULBS WERE REPLACED, BUT THE LIGHTS WOULD NOT ILLUMINATE. THE CAUSE OF THE FAILURE WAS NOT DIAGNOSED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 125,000.

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.