

786021

From: feedback@cartalk.com
To: Alberto <NHTSA> Jimenez
Date: 6/20/02 3:06PM
Subject: Car Talk VOQ submission

* This data was submitted via a fill-in form at the Cartalk web site
* (<http://www.cartalk.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Thursday, June 20th 2002 at 3:07:37 PM

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VEHICLE OWNERS QUESTIONNAIRE

OWNER INFORMATION



TELEPHONE: 7813432248

NHTSA authorized to send a copy of this report to the manufacturer. Yes

VEHICLE INFORMATION

VIN: 1GN0T13S622128530

MAKE: chevrolet

MODEL: trail blazer ltz

YEAR: 2002

ODOMETER: 6200

PURCHASE DATE: 10/11/01

NEW OR USED:

DEALER NAME: Quirk chevrolet/geo

ADDRESS: Braintree, ma 02185

ENGINE SIZE:

CYLINDERS: 8

FUEL INJECTION: Yes

TURBO: No

FUEL TYPE:

ANTILOCK BRAKES: Yes

CRUISE CONTROL: Yes

DRIVETRAIN: 4 wheel
DRIVER AIRBAG: Yes
PASSENGER AIRBAG: Yes
3-POINT BELT: Yes
MOTOR BELT: No
2-POINT BELT: Yes
BODY STYLE: Other

FAILED COMPONENT(S)/PART(S) INFORMATION

COMMENT: computer that controls wipers (they worked when they wanted to, at random), electric seats never stayed where set and seat would move on it's own while driving), electric mirrors, (never stayed set and would move randomly when driving an when shut off), engagement of 4wd low gear would happen randomly while driving, also front end alignment never done at factory resulting in tires going bald on outside edges and went into a spin in rain, also drivetrain failure resulting in car jumping into reverse when started, panel that holds control buttons on driver's door fell out hanging by wires

PART NAME(S): computer module replaced 5times, drivetrain fixed 1 time, front end aligned 1 time

LOCATION: Right Front

NUMBER OF FAILURES: 4 computer, 1 drivetrain, 1

alignment, 4 recalls

done with code numbers unknown reason given to me

DATE(S) OF FAILURES: 10/18/01, 10/20/01, 10/24/01 12/04/01, 12/14/01, 02/05/02, 04/12/02, 05/23/02

MILEAGE AT FAILURE(S): 186,306, 1319, 1511, 2306, 2600, 4620, 5172

SPEED AT FAILURE(S): all speeds, except spin was at 45mph

MANUFACTURER CONTACTED: Yes

NHTSA CONTACTED: No

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

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OWNER INFORMATION (Type or Print)

RHONDA LEATE 767725
117 ANN VINAL ROAD
SCITUATE MA 02066

Work Number

Home Number 781-545-2246

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date: / /

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Lowercase letters "i" and "o" are not to be used)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDT13S622128530	CHEVROLET TRUC	TRAILBLAZER	2002	

Purchase Date 11-OCT-2001	Dealer's Name _____	Engine Size (CID/CC/L 8 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02000000	Part Name(s) SUSPENSION	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Date(s) of Failure(s) 18-OCT-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 186		
	Vehicle Speed at Failure(s) 45		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES VEHICLE PULLS SLIGHTLY CAUSING TIRES TO GO BALD AND VEHICLE TO SPIN IN RAIN. FRONT END ALIGNED. *TT

CONTINUED ON REVERSE

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.

END OF FORM

most of the "repairs" on the car were done at Quirk chevrolet where we bought the car...please note that when we took delivery of car and brought it home, my husband checked the tires and found only 16 (sixteen) lbs. of pressure in all 4 tires. Each time we brought the car in for repairs it was kept for 4 to 15 days at a time, and the defects they claimed to have repaired were still evident on our drive home or would manifest within 2-3 days....I complained each time I brought the car in that the front end felt funny and pulled slightly...they said each time dry could not reproduce the problem.(hence the balding tires and alignment problem they chose to ignore)...we brought the car to a different dealer (Best chevrolet in Hingham, Ma) where all the repairs that Quirk had supposedly done were done again, as well as the front end being taken care of...at this time the car is behaving itself since Best worked on it. In the meanwhile, we opened a file with Chevrolet corp. to negotiate a swap for a replacement car as I am frightened of driving it and all the mechanics that have worked on it as well as myself believe it is a lemon. Chevrolet refuses to replace the car and keeps insisting we give them enough chances to repair the car. In Massachusetts there is a lemon law that clearly indicates our car is a lemon, but to go that route requires a lawyer with hefty legal fees which we cannot pursue at this time. Also, Quirk performed 4 recall repairs to car but never told us what the recalls were for, except for the transfer case recall. I hope this report can save someone the aggravation we have gone through, and I still have the car.

ADDITIONAL COMMENTS

DOT NUMBER: DOT
TIRE MANUFACTURER:
TIRE NAME:
TIRE SIZE:

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

ACCIDENT: No
FIRE: No
NUMBER OF PERSONS INJURED:
NUMBER OF FATALITIES:
ESTIMATED PROPERTY DAMAGE: \$
DRIVER AIRBAG DEPLOYED: N/A
PASSENGER AIRBAG DEPLOYED: N/A
REPORTED TO POLICE: No

APPLICABLE ACCIDENT INFORMATION



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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OWNER INFORMATION (Type or Print)

RHONDA LEATE 767725
117 ANN VINAL ROAD
SCITUATE MA 02066

Work Number

Home Number 781-545-2246

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Locate at bottom of and/or above dashboard)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDT13S622128530	CHEVROLET TRUC	TRAILBLAZER	2002	

Purchase Date 11-OCT-2001	Dealer's Name _____	Engine Size (CID/CC/L 8 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part's
12000000	INTERIOR SYSTEMS	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Date(s) of Failure(s) 18-OCT-2001	Failed Part(s)	NHTSA Previously
Mileage at Failure(s) 186	Vehicle Speed at Failure(s) 45	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

PANEL THAT HOLDS CONTROL BUTTONS ON DRIVER'S DOOR FELL OUT AND IS HANGING BY THE WIRES.
*TT

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Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDT13S622128530	CHEVROLET TRUC	TRAILBLAZER	2002	

Purchase Date 11-OCT-2001	Dealer's Name _____	Engine Size (CID/CC/L 8 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08540000	Part Name(s) ELECTRICAL SYSTEM:IGNITION:ELECTRONIC CONTROL UNIT	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 4	Date(s) of Failure(s) 18-OCT-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 186		
	Vehicle Speed at Failure(s) 45		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE IS EXPERIENCING VARIOUS ELECTRICAL PROBLEMS SUCH AS INTERMITTENT OPERATION OF THE WIPERS, ELECTRIC SEATS THAT MOVE ON ITS OWN WHILE DRIVING, ELECTRIC MIRRORS NEVER STAY SET AND MOVE RANDOMLY WHEN DRIVING. COMPUTER MODULE REPLACED 5 TIMES. ^TT

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Reference No.

786021

OWNER INFORMATION (Type or Print)

**RHONDA LEATE 767725
117 ANN VINAL ROAD
SCITUATE MA 02066**

Work Number

Home Number **781-545-2246**

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Lowercase letters "i" and "o" are not allowed)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDT13S622128530	CHEVROLET TRUC	TRAILBLAZER	2002	

Purchase Date 11-OCT-2001	Dealer's Name _____	Engine Size (CID/CC/L 8 CYL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Date(s) of Failure(s) 18-OCT-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 186		
	Vehicle Speed at Failure(s) 45		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING THE 4WD LOW GEAR WILL RANDOMLY ENGAGE. ALSO VEHICLE JUMPS OUT OF GEAR WHEN STARTED. DRIVETRAIN REPLACED. *TT

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