


U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline		FOR AGENCY USE ONLY 1039		
 Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		Data Received 2003 JUN -9 04-11-2004		Od. or rt_dt _____ od_rt _____ up_tr _____		
		Reference No. 8004868		Work Number _____ Home Number _____		
OWNER INFORMATION (Type or Print) _____ 741452 MELBURN MELBOURNE FL _____						
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. Signature of Owner _____ Date 05/26/03						
VEHICLE INFORMATION						
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1GNDT13W012154056		Vehicle Make CHEVROLET TRUC	Vehicle Model TRAILBLAZER	Vehicle Year 2001	Current Odometer Reading 17748	
Purchase Date 4/20/01	Dealer's Name BOB STEELE CHEVROLET		Engine Size (CID/CCL) No Cylinders 6	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas Fuel Injectic		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City COCOA State FL Zip Code 32936		Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> 4-Wheel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Trail <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Utl Truck <input type="checkbox"/> Motorcycle	
<input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck	FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM		Location <input checked="" type="checkbox"/> Left Front <input checked="" type="checkbox"/> Right Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		
No of Failures ABS - 5 TIMES	Date(s) of Failure(s) 27-JUL-2001 Mileage at Failure(s) 13,982 Vehicle Speed at Failure(s) 7		Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
WHILE DRIVING ABS LIGHT CAME ON. WHEN APPLYING BRAKES PEDAL WENT TO THE FLOOR. DEALER CONTACTED. *AK FIVE TIMES THROUGH RED LIGHTS, INTERSECTIONS & STOP SIGNS - NO BRAKES UNABLE TO STOP.						

CONTINUE ON BACK IF NEEDED

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.

~~Customer Complaint~~
LIST OF PROBLEMS

Customer Name: XXXXXXXXXX

Case Number: GM40040010

Problems	Servicing Dealer(s)	Current? Yes or No	# of Repair Attempts	Repair Date(s)	Mileage on Date(s)	Days Out of Service
tires were out of round (ALL FOUR)	BOB STEELE CHEV. REPLACED TIRES	NO	1	4/24/01	3308	1
ABS LIGHT ON, no brake or tail lights, ENGINE SURGE	HORNBECK CHEV FOREST CITY, PA	NO	2	7/11/01 to 7/12/01	7818	2
ABS & BRAKE LIGHT ON DASH ARE ON. BRAKES FAILED. SPEEDOMETER SWINGS, SMOKE AND HOT SMELL	VALLEY CHEVROLET WILKESBARRE, PA.	*	1	7/14/01	8310	1/2
ELECTRONIC BRAKE CONTROL FAILED	" "	*	2	7/16 7/18	8310 8500	-
ABS & BRAKE LIGHT ON DASH ARE ON. BRAKES FAILED - HOT BRAKES	ASHLEY CHEVROLET HONESDALE, PA	*	5	7/17/01 7/30/01	8500	14
ASHLEY COULD NOT REPAIR. GM CUSTOMER SERVICE ARRANGED FOR TOW TO DANIANO CHEVROLET.	-	-	-	-	-	-
ABS & BRAKE LIGHTS ARE ON BRAKES FAILED. HOT BRAKES	DANIANO CHEVROLET CARBONDALE, PA	*	1		8614	2
SPEEDOMETER SWINGS, VEHICLE SURGES	" "	NO	1	-	-	-
VEHICLE NOT STARTING, GEAR- SHIFT LOCKED, KEYS LOCKED	BOB STEELE CHEV	NO	1	2/26/02 2/27/02	13300	2
BRAKES LOCKED WHEN BACKING	BOB STEELE CHEV		1	3/12/02 3/26/02	13703	4
BATTERY DEAD - 2ND TIME, SHIFT LOCKED, KEYS LOCKED. HAULED TO BOB STEELE CHEV.						
* WE ARE HONESTLY FRIGHTENED OF THIS VEHICLE. WE'VE SAILED THROUGH TOO MANY STOP SIGNS AND INTERSECTIONS WITHOUT BRAKES, ONLY TO RETURN TO DEALER AND REPEAT THE DANGER. FOR GM'S LAST CHANCE TO REPAIR, DEBRA ARIAS OF GM'S DETROIT OFFICE ARRANGED FOR TOW TO BOB STEELE CHEVROLET ON 3/22/02. THEY WORKED ON THE PROBLEM (TO DUPLICATE) ABOUT ONE HOUR AND TEST DROVE 7 MILES. ARIAS SAID THEY WOULD HAVE MARY STRENGTH, SERVICE MGR., DRIVE IT FOR A WEEK AS HER PERSONAL CAR. IT MUST BE DRIVEN FOR THE FAILURE TO BE DUPLICATED.						

(Please indicate whether each problem is current)