



U.S. Department of Transportation
National 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>

FOR AGENCY USE ONLY 241

Date Received

22-APR-2002

Ord. or rt. dt _____
 Ord. or rt. dt _____
 Ord. or rt. dt _____
 Ord. or rt. dt _____

Reference No.

8008261

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 windshield and driver's door)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
PLEASE FILL IN	CHEVROLET TRUCK	TRAILBLAZER	2002	

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

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12113000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG IMPACT SENS	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	Dates of Failure(s) 15-FEB-2002	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) 6000		
	Vehicle Speed at Failure(s)		

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 Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AIR BAG SENSOR LIGHT WOULD FLASH ON/OFF INTERMITTENTLY. VEHICLE BEEN TO THE DEALER ON THREE OCCASIONS, AND THE PROBLEM REOCCURRING. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUE 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.

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WHILE DRIVING AIR BAG SENSOR LIGHT WOULD FLASH ON/OFF INTERMITTENTLY, VEHICLE TO PROVIDE ANY FURTHER INFORMATION, AND THE PROBLEM REOCCURRING, FEEL FREE TO CALL THE DEALER ON THREE OCCASIONS, AND THE PROBLEM REOCCURRING, FEEL FREE TO PROVIDE ANY FURTHER INFORMATION, AK

The Dealer stated that the Air Bags would NOT Deploy if in an accident

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

Crash	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fire	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Number of Persons Injured	0	Number of Failures	0	Estimated Property Damage	0	Reported to Police	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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APPLICATION INCIDENT INFORMATION
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

No of Failures	3	Dates of Failure(s)	15-FEB-2002	Mileage at Failure(s)	8998	Vehicle Speed at Failure(s)	40 mph	Failed Part(s)	APRIL 2002 2000 miles	NHTSA Previously	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	12113000	Part Name(s)	INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG IMPACT SENS	Location	Front <input type="checkbox"/> Left <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/>	Failed Part(s)	Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>
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Transmission Type	Automatic <input checked="" type="checkbox"/> Manual <input type="checkbox"/>	Restraint System	3-Point Belt <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/>	Antilock Brakes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Vehicle Type	Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/>	Body Style	2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck <input type="checkbox"/>
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Purchase Date	12-29-01	Dealer's Name	Winter Chevrolet	City/State/Zip	St. Louis, MO 63105	Engine Size (CID/OIL)	4	Fuel	Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Turbo <input type="checkbox"/> Fuel Injected <input type="checkbox"/>
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Vehicle Ident. No. (VIN)	1GNDT135322190015	Vehicle Mark	CHEVROLET TRUCK	Vehicle Model	TRAILBLAZER	Vehicle Year	2002	Current Quoted Reason	6,600
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Signature of Owner: _____
Date: 4/13/02

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

OWNER INFORMATION (Type or Print)

749884

Home Number: _____
Work Number: _____

Reference No. 8008261

DATE RECEIVED: MAY 20 02
DEFECTS OFFICE
22-APR-2002 39

U.S. Department of Transportation
National Highway Traffic Safety Administration
www.nhtsa.dot.gov/hotline
1-888-327-4236
NATIONWIDE 1-888-DASH-2-COT

Vehicle Owner's Questionnaire (VOQ)

DOT Auto Safety Hotline

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