



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 798

Date Received

06-JUN-2002

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8011229

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		
1GNDT13S422215018	CHEVROLET TRUCK	TRAILBLAZER	2002			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input 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 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 type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12112100	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR	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) 04-JUN-2002 Mileage at Failure(s) 5000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input 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 checked="" 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 AT 5-10 MPH CONSUMER WAS HIT ON DRIVER'S SIDE OF AND THE SIDE AIR BAGS DID NOT DEPLOY. CONTACTED DEALER, AND THEY WERE GOING TO TAKE A LOOK AT THE VEHICLE.*AK

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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.



DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)
 NATIONWIDE 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 799

Date Received 06 JUN 2002
 Reference No. 8011229

OWNER INFORMATION (Type or Print)

[Redacted] 757732
SILVER CITY **NM**

Work Number [Redacted]
 Home Number [Redacted]

Do you authorize NHTSA to use your name and address to the manufacturer of your vehicle? YES NO
 Signature of Owner [Redacted] Date 06/18/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1GNDT13S422215018 Vehicle Make CHEVROLET TRUC Vehicle Model TRAILBLAZER Vehicle Year 2002 Current Odometer Reading 5507

Purchase Date 10/09/01 Dealer's Name MILLS COOPER MOTORS Engine Size (CID/CC/L) VORTEC 4200 Turbo
 New Used City SILVER CITY State NM Zip Code 88001 No Cylinders 6 Diesel
 Fuel Injectio

Transmission Type Manual Automatic Antilock Brakes Yes No Restrain. System 3-Point Belt Motorbelt Driverside Airbag 2-Point Bel Passengerside Airbag Cruise Control Yes No Drive Train Front Rear 4-Wheel Vehicle Type Car Sport Ult Van Truck Minivan Motorcycle Other Body Style 2-Door 4-Door Stationwagon Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12112100 Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR Location Left Right Front Rear Failed Part(s) Original Replacement
 No of Failures 1 Date(s) of Failure(s) 04-JUN-2002 Mileage at Failure(s) 5000 Vehicle Speed at Failure(s) 5-10 MPH Failed Part(s) Yes No NHTSA Previously Yes 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 Yes No Fire Yes No Number of Persons Injured 1 Number of Fatalities 0 Estimated Property Damage UNKNOWN Reported to Police Yes No

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

WHILE DRIVING AT 5-10 MPH CONSUMER WAS HIT ON DRIVER'S SIDE OF AND THE SIDE AIR BAGS DID NOT DEPLOY. CONTACTED DEALER, AND THEY WERE GOING TO TAKE A LOOK AT THE VEHICLE.*AK OTHER DRIVER RAN RED LIGHT AND WAS TRAVELLING AT APPROXIMATELY 45 MPH SPEED. CONSUMER HAD BRUISED UPPER BACK, PAIN IN UPPER AND LOWER BACK AREAS, SIGNIFICANT TROUBLE SLEEPING, ELEVATED BLOOD PRESSURE, AND PERIODIC NUMBNESS IN BOTH LEGS.

CONTINUE ON BACK IF NEEDED

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