

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 1374</p> <p>Date Rec'd <u>10/18/02</u></p> <p style="text-align: center;">OFFICE OF DEFECTS INVESTIGATION</p> <p>Reference No. 8021132</p> <p>Work Number _____</p> <p>Home Number _____</p>
<p style="text-align: center;">OWNER INFORMATION (Type or Print)</p> <p style="text-align: center;">[REDACTED]</p> <p style="text-align: center;">PENARGYL PA</p>	

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: [REDACTED] Date: 10/18/02

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> <u>16N6T16S126127603</u> PLEASE PROVIDE	Vehicle Make CHEVROLET TRUCK	Vehicle Model TRAILBLAZER	Vehicle Year 2002	Current Odometer Reading 5000
Purchase Date <u>07/21/02</u>	Dealer's Name <u>Scott Chevrolet</u>		Engine Size (CID/CC/L) <u>4.2</u>	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Emmitsburg</u> State <u>PA</u> Zip Code _____	No Cylinders <u>6</u>		<input checked="" type="checkbox"/> Fuel Injection
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"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front 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		Sport Util Truck Motorcycle <input checked="" type="checkbox"/> Sport Util Truck		Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 01200000	Part Name(s) STEERING:GEAR BOX	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original Replacement
No of Failures	Date(s) of Failure(s) <u>10-OCT-2002</u> Mileage at Failure(s) <u>4800</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>N/A</u>	Number of Fatalities <u>N/A</u>	Estimated Property Damage <u>N/A</u>	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES THAT YOU CAN TAKE THE KEY OUT WHILE CAR IS IN GEAR. MR
 Dealership @ Brown Deah Chevrolet in Wind GAP PA 18091 said they needed to order a switch however the vehicle worked as advertised after leaving dealership. Vehicle is serviced by BROWN DAH CHEVROLET 1043 S Broadway Wind GAP PA 18091

OVER

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Without replacing part I can now get the vehicle to operate as the
owner manual states. THE KEY SHOULD NOT COME OUT UNLESS IN PARK.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

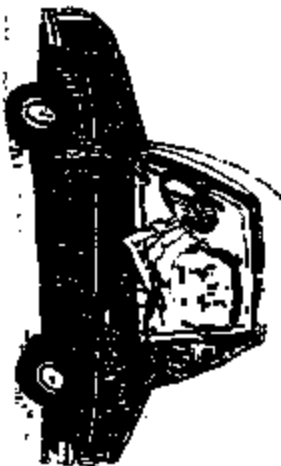
DASH2DOT

and dial toll free at:

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
http://www.nhtsa.dot.gov/dotline