



DOT Auto Safety Hotline

FOR AGENCY USE ONLY 1376

U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration

## Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

Date Reported

03 JAN 27 AM 10:17  
03-DEC-2002

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up\_hr

OFFICE  
S INVESTIGATION

Reference No.

8023610

## OWNER INFORMATION (Type or Print)

BENTLEYVILLE

PA

Work Number

Home Number

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 1/1/03

## VEHICLE INFORMATION

|   |   |   |   |   |  |  |
|---|---|---|---|---|--|--|
| Vehicle Ident. No. (VIN) (to be entered at bottom of windshield on driver's side)<br><b>1GNBT135522133315</b> | Vehicle Make<br><b>CHEVROLET TRUCK</b>  | Vehicle Model<br><b>TRAILBLAZER</b>   | Vehicle Year<br><b>2002</b>   | Vehicle Mileage (to be entered at bottom of windshield on driver's side)<br><b>20800</b>                                      |  |  |
| Purchase Date<br><b>MAY 2001</b>  | Dealer's Name<br><b>C. HARPER</b>   | Engine Size (CID/GCC)<br><b>5.4</b>   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |   |  |  |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used   | City<br><b>BELVERNON</b>  | State<br><b>PA</b>  | Zip Code<br><b>15012</b>  | No Cylinders<br><b>4</b>  |  |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic         | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |

## FAILED COMPONENT(S)/PART(S) INFORMATION

|  |   |  |   |
|--|---|--|---|
| Component<br><b>07217000</b>   | Part Name(s)<br><b>POWER TRAIN:TRANSFER CASE (4-WHEEL DRIVE)</b>                        | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures<br><b>2</b>   | Date(s) of Failure(s)<br><b>08-JAN-2002</b>   | Mileage at Failure(s)<br><b>10000</b>  | Vehicle Speed at Failure(s)<br><b>15</b>  |
| Failed Part(s) Available?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously<br><input type="checkbox"/> Yes <input checked="" 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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br><b>0</b> | Number of Fatalities<br><b>0</b> | Estimated Property Damage<br><b>10,000.00</b><br><b>11,000.00</b> | Reported to Police<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---------------------------------------|----------------------------------|---|---|

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

ON 12/13/01, CONSUMER HAD RECALL 01V283000 REMEDY PERFORMED ON THE TRANSFER CASE. ON 1/6/02 WHILE DRIVING APPROXIMATELY 15MPH IN 4-WHEEL DRIVE MODE, THE BACK END OF TRUCK STARTED TO "KICK" OUT TO THE LEFT AND RIGHT. CONSUMER LOST CONTROL OF VEHICLE RESULTING IN A COLLISION. ON 11/28/02 WHILE DRIVING WITH 4-WHEEL DRIVE ENGAGED, THE 4-WHEEL DRIVE INDICATOR BEGAN ACTING ERRATICALLY SWITCHING FROM 4-WHEEL LOW TO 4-WHEEL HIGH. DEALER ACKNOWLEDGED THAT PROBLEM EXISTS. TS

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974—Public Law 93-578 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)

On Jan 6 2002 it being the first time 4 wheel Drive WAS in use I believe this  
TRANSFER CASE dysfunction occurred. The second time the four wheel Drive WAS  
engaged WAS on Nov 28 2002 AT THIS TIME I WAS PASSENGER in vehicle  
in snow and the 4 wheel Drive Buttons were flashing 4 low 4H All wheel  
the vehicle was kicking around again BUT NO ACCIDENT I believe this  
TRANSFER CASE WAS THE RESULT of FIRST CRASH, I HAVE BEEN A PROFESSIONAL DRIVER  
FOR 23 YRS I AM on the road before any salt truck (etc.) in the AM winters  
I HAVE BEEN able to control a 9 ton vehicle on ICE & SNOW without having an  
accident, I HAVE BEEN AWARDED A SAFE DRIVING AWARD ALL 23 YRS. I believe  
this WAS a vehicle malfunction of this TRANSFER CASE IF IT WAS NOT THEN  
why do the Dealer correct this PART.

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

SUPPORT THE ELDERLY POOR 152 10 11 4/03 22:06 ISS 4

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  
ON

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4230**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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<http://www.nhtsa.dot.gov/hotline>

**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**