



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

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

SEP 29 2003

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Lyndon R. Lie, Director
Product Investigations
General Motors Corporation
Mail Code 480-106-304
30500 Mound Road
Warren, MI 48090-9055

NVS-212kmb
PE03-042

Dear Mr. Lie:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened a Preliminary Evaluation (PE03-042) to investigate allegations of windshield wiper failure in MY 2002 - 2003 Chevrolet Trailblazer, GMC Envoy, and Oldsmobile Bravada vehicles manufactured by General Motors Corporation (GM), and to request certain information about these and other vehicles as defined below.

This office has received 10 reports of windshield wiper failure in MY 2002 - 2003 Chevrolet Trailblazer, GMC Envoy, and Oldsmobile Bravada vehicles. The complainants allege that the windshield wipers cease operation while driving or fail to turn on when needed. Some complainants allege the wipers fail to operate during heavy precipitation or after using an automatic car wash due to water intrusion into the wiper motor and/or electronic control module. One complainant reports that the wipers will function again after the vehicle has completely dried. Some complainants also allege multiple replacements of the wiper motor and/or control module have failed to adequately remedy the problem.

In addition, ODI has received eight other reports that allege the windshield wipers inadvertently turn on without driver action, fail to turn off using the control switch, or the automatic moisture-sensitive wipers stop before completing an entire sweep. A copy of each of the reports is enclosed for your information.



DOT AUTO SAFETY HOTLINE
888-DASH-2-00T
888-327-4236

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject vehicles:** All MY 2002 - 2004 Buick Rainier, Chevrolet Trailblazer, GMC Envoy, Isuzu Ascender, and Oldsmobile Bravada vehicles manufactured for sale or lease in the United States and all other vehicles manufactured by or for GM for sale or lease in the United States which use the same or substantially similar windshield wiper system.
- **Subject components:** The windshield wiper assembly including motor, electronic control module, module cover, and transmission linkage; automatic moisture sensor; and wiper control switch manufactured on the subject vehicles.
- **GM:** General Motors Corporation, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of GM (including all business units and persons previously referred to), who are or, in or after 1999, were involved in any way with any of the following related to the alleged defect in the subject vehicles:
 - a. Design, engineering, analysis, modification or production (e.g. quality control);
 - b. Testing, assessment or evaluation;
 - c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
 - d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.
- **Alleged defect:** Windshield wipers fail to operate.
- **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs,

microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by GM, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by GM or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After GM's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. State, by model and model year, the number of subject vehicles GM has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date by GM, state the following:
 - a. Vehicle identification number (VIN);
 - b. Make;
 - c. Model;

- d. Model Year;
- e. Date of manufacture;
- f. Date warranty coverage commenced;
- g. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease); and
- h. Whether the vehicle is equipped with Rainsense™ automatic moisture-sensitive wipers.

Provide the table in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table which provides further details regarding this submission.

2. State the number of each of the following, received by GM, or of which GM are otherwise aware, which relate to, or may relate to, the alleged defect in the subject vehicles:
 - a. Consumer complaints, including those from fleet operators;
 - b. Field reports, including dealer field reports;
 - c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
 - d. Property damage claims; and
 - e. Third-party arbitration proceedings where GM is or was a party to the arbitration; and
 - f. Lawsuits, both pending and closed, in which GM is or was a defendant or codefendant.

For subparts "a" through "d," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "d," provide a summary description of the alleged problem and causal and contributing factors and GM's assessment of the problem, with a summary of the significant underlying facts and evidence. For items "e" and "f," identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
 - a. GM's file number or other identifier used;
 - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
 - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
 - d. Vehicle's VIN;
 - e. Vehicle's make, model and model year;
 - f. Vehicle's mileage at time of incident;

- g. Incident date;
- h. Report or claim date;
- i. Whether a crash is alleged;
- j. Whether property damage is alleged;
- k. Number of alleged injuries, if any; and
- l. Number of alleged fatalities, if any.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "COMPLAINT DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table which provides further details regarding this submission.

4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method GM used for organizing the documents.
5. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by GM to date that relate to, or may relate to, the alleged defect in the subject vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. GM's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Replacement part number(s) and description(s);
- j. Concern stated by customer; and
- k. Comment, if any, by dealer/technician relating to claim and/or repair.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table which provides further details regarding this submission.

6. Describe in detail the search criteria used by GM to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by GM on the subject vehicles (i.e., the number of months and mileage for which

coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) that GM offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.

7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that GM has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that GM is planning to issue within the next 120 days.
8. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for, GM. For each such action, provide the following information:
 - a. Action title or identifier;
 - b. The actual or planned start date;
 - c. The actual or expected end date;
 - d. Brief summary of the subject and objective of the action;
 - e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and
 - f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

9. Describe all modifications or changes made by, or on behalf of, GM in the design, material composition, manufacture, quality control, supply, or installation of the subject components, from the start of production to date, which relate to, or may relate to, the alleged defect in the subject vehicles. For each such modification or change, provide the following information:
 - a. The date or approximate date on which the modification or change was incorporated into vehicle production;
 - b. A detailed description of the modification or change;
 - c. The reason(s) for the modification or change;
 - d. The part numbers (service and engineering) of the original component;
 - e. The part number (service and engineering) of the modified component;
 - f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
 - g. When the modified component was made available as a service component; and
 - h. Whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that GM is aware of which may be incorporated into vehicle production within the next 120 days.

10. Produce one of each of the following:

- a. Exemplar samples of each design version of the subject components;
- b. Field return samples of the subject components exhibiting the subject failure mode; and
- c. Any kits that have been released, or developed, by GM for use in service repairs to the subject components/assemblies which relate, or may relate, to the alleged defect in the subject vehicles.

11. State the number of each of the following that GM has sold that may be used in the subject vehicles by component name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of sale (*including the cut-off date for sales, if applicable*):

- a. Subject components; and
- b. Any kits that have been released, or developed, by GM for use in service repairs to the subject components/assemblies.

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number). Also identify by make, model and model year, any other vehicles of which GM is aware that contain the identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

12. Furnish GM's assessment of the alleged defect in the subject vehicle, including:

- a. The causal or contributory factor(s);
- b. The failure mechanism(s);
- c. The failure mode(s);
- d. The risk to motor vehicle safety that it poses; and
- e. The reports included with this inquiry.

This letter is being sent to GM pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. GM's failure to respond promptly and fully to this letter could subject GM to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million

for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If GM cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, GM does not submit one or more requested documents or items of information in response to this information request, GM must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

GM's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by November 12, 2003. Please refer to PE03-042 in GM's response to this letter. If GM finds that it is unable to provide all of the information requested within the time allotted, GM must request an extension from me at (202) 366-5218 no later than five business days before the response due date. If GM is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information GM then has available, even if an extension has been granted.

If GM claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, GM must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, as amended (68 Fed. Reg. 44209 et seq; July 28, 2003), to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. GM is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Mr. Kyle Bowker of my staff at (202) 366-9597.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas Z. Cooper". The signature is fluid and cursive, with a large initial "T" and "C".

Thomas Z. Cooper, Chief
Vehicle Integrity Division
Office of Defects Investigation

Enclosure 1, One CD-ROM titled "PE03-042 Data Collection Disc" containing three files
Enclosure 2, PE03-042 ODI Resume
Enclosure 3, Subject Vehicle Owner Questionnaires



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

ODI RESUME

Investigation: PE03-042
Prompted By: IE03-042
Date Opened: 09/17/2003
Principal Investigator: Kyle Bowker
Subject: Windshield Wiper Failure

Manufacturer: General Motors Corp.
Products: 2002-03 Chevrolet Trailblazer, GMC Envoy, Oldsmobile Bravada
Population: 662,000

Problem Description: Windshield wipers fail to operate while driving.

FAILURE REPORT SUMMARY

	ODI	Manufacturer	Total
Complaints:	10	0	10
Crashes/Fires:	0	0	0
Injury Incidents:	0	0	0
# Injuries:	0	0	0
Fatality Incidents:	0	0	0
# Fatalities:	0	0	0
Other*:	8	0	8

*Description Of Other: See summary description.

Action: A PRELIMINARY EVALUATION HAS BEEN OPENED.

Engineer: Kyle M. Bowker KMB
Div. Chief: Thomas Z. Cooper
Office Dir.: Kathleen C. DeMeter


Date: 09/17/2003
Date: 09/17/2003
Date: 09/17/2003

Summary: ODI has received 10 reports of windshield wiper failure in the subject vehicles. The complainants allege that the windshield wipers cease operation while driving or fail to turn on when needed. In addition, ODI has received 8 reports that allege the windshield wipers inadvertently turn on without driver action, fail to turn off using the control switch, or the automatic moisture-sensitive wipers stop before completing an entire sweep. Two complainants allege that the windshield wipers quit while driving or failed to turn on when needed and at another time inadvertently turned on without driver action.

KMB
9/17/03

SUBJECT COMPLAINTS

ODI	MAKE	MODEL	MY	VIN
10006025	CHEVROLET	TRAILBLAZER	2002	1GNET16S226115797
10010324	CHEVROLET	TRAILBLAZER	2002	1GNET16S526122730
786021	CHEVROLET	TRAILBLAZER	2002	1GNDT13S822128530
10021338	CHEVROLET	TRAILBLAZER	2002	1GNES16S526110788
10000437				
10008175				
10017006				
10029329	CHEVROLET	TRAILBLAZER	2002	1GNES16S526112671
10023522	CHEVROLET	TRAILBLAZER	2003	1GNET16S836105549
10020552	GMC	ENVOY	2003	1GKET16SX36125637
10023198	GMC	ENVOY	2003	1GKET16S736132559
10000118	GMC	ENVOY	2003	1GKES16S836118625
10025971	OLDSMOBILE	BRAVADA	2002	1GHDT13S022156861

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline			FOR AGENCY USE ONLY 252	
	Date Received 30-JAN-2003		Repository <input type="checkbox"/> Reference No. 10006025		
OWNER INFORMATION (Type or Print)					Daytime Telephone Number
Name _____					E-mail Address
Address _____					
City	State	PA	Zip Code	Evening Telephone Number	
GLENSHAW					
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date _____					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GNET16S226115797			Make CHEVROLET	Model TRAILBLAZER	Model Year 2002
Date Purchased	Dealer's Name and Telephone Number BRIERL CHEVROLET 724-935-3711			Engine: No. Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain		Vehicle Component Code 136200 VISIBILITY:WINDSHIELD WIPER/WASHER: MOTOR	
	<input type="checkbox"/> Cruise Control			Multiple Failure: 3	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 06-JAN-2003	Failure Mileage	Failure Speed			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM1BABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:			
Tire Component Code			Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).					
THE WINDSHIELD WIPERS FAILED TO WORK THREE TIMES, ONCE WHILE DRIVING IN RAIN. DEALER IS AWARE OF THE PROBLEM. TS...*AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY					
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.					



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

DOT Also Safety Number
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received Repository

2003 MAR 28 AM 1:02 Reference No. 10006025

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City GLENSHAW State PR Zip Code _____
Daytime Telephone Number _____ E-mail Address _____
Evening Telephone Number _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 3/28

VEHICLE INFORMATION

17-Digit Vehicle Identification Number Located at bottom of windshield on owner's side: 1GNET165226115797
Make: CHEVROLET Model: TRAILBLAZER Model Year: 2002
Date Purchased: 5/21/03 Dealer's Name and Telephone Number: Bacerl Chevrolet (724) 935-3711
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Transmission Type: Antilock Brakes Cruise Control Powertrain: _____
Vehicle Component Code: 136200 VISIBILITY:WINDSHIELD WIPER/WASHER:MOTOR
Multiple Failure: _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 06-JAN-2003 Failure Mileage: _____ Failure Speed: _____
Wiper motor failed and replaced 23 days. Attach work orders for dates/mileage

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTMALSABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash Yes No Fire Yes No
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

THE WINDSHIELD WIPER WORKS INTERMITTENTLY WITHOUT PRIOR WARNING. DEALER IS AWARE OF THE PROBLEM. TS
I have lost total windshield wiper function 3 times with this vehicle. The second and third incidents occurring while driving the vehicle and it started to rain. I was able to pull over safely these times but for next time may not be so lucky.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.
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 responses 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.

CHEVROLET



Baierl CHEVROLET

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 WESTFORD, PA 15090
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SERVICE HOURS: MON - THURS 7:30 a.m. - 6:30 p.m. FRI 7:30 a.m. - 6:00 p.m. SAT 8:00 a.m. - 2:00 p.m.

ADVISOR JOE CURCI	YAD NO 118	INVOICE DATE 08/11/02	INVOICE NO CTCS323976
CAR MAKE 02/CHEVROLET TRUCK/TRAIL BLAZER/TRAIL	VEHICLE NO. 16NET1RS226116787	COLOR LT PEWTER M	STOCK NO T20651
YEAR / MAKE / MODEL 02/CHEVROLET TRUCK/TRAIL BLAZER/TRAIL	VEHICLE ID NO. 16NET1RS226116787	DELIVERY DATE 09/21/02	DELIVERY MILES
P. I. E. NO.	P. O. NO.	SELLING DEALER NO.	PRODUCTION DATE
GLENDALE, PA		R. C. DATE 06/10/02	
ADDRESS PHONE	BUSINESS PHONE	COMMENTS	

LABOR & PARTS
 JOB # 1 98CTZ MISC HOURS: 0.30 TECH(S): 1002 WARRANTY
 CUSTOMER STATES HUMMING NOISE FROM FRONT OF MOTOR
 ROAD TESTED FOR CONDITION. COULD NOT DUPLICATE ANY TYPE
 OF NOISE FROM ENGINE THAT IS NOT NORMAL FOR THIS VEHICLE

PARTS-----QTY-----FP-NUMBER-----DESCRIPTION-----LIST PRICE-----UNIT PRICE-----
 JOB # 1 TOTAL PARTS 0.00
 JOB # 1 TOTAL LABOR & PARTS 0.00

LABOR & PARTS
 JOB # 2 08CTZ ELECTRICAL HOURS: 4.70 TECH(S): 1002 WARRANTY
 CUSTOMER STATES WIPERS COME ON BY THEMSELVES WHILE DRIVING
 EXTENSIVE ROAD TEST TO DUPLICATE INTERMITTENT CONDITION
 CHECKED OPERATION AND ALL CONNECTIONS AT SWITCH, BATTERY
 GROUNDS, REMOVED UPPER CARRIER AND COIL PANEL TRACING
 WIRING HARNESS TO ENGINE COMPARTMENT FOR OPEN OR SHORT
 FOUND WATER INTRUSION INSIDE WIRE CONNECTOR TO WIPER
 MOTOR. REPLACED WIPER MODULE. REPLACED TERMINAL (2)
 CORRODED CONNECTION @ YELLOW WIRE. WASHER INOPERATIVE
 REPLACED WASHER MOTOR ASSEMBLY OPEN, NEC TO REINSTALL
 AND REROUTE WIRING HARNESS, TO CURE WATER INTRUSION

PARTS-----QTY-----FP-NUMBER-----DESCRIPTION-----LIST PRICE-----UNIT PRICE-----
 JOB # 2 TOTAL PARTS 0.00
 JOB # 2 TOTAL LABOR & PARTS 0.00

SUBLET-----PO#-----VEND INVA-----INV DATE-----DESCRIPTION-----
 JOB # 1 181523 06/11/02 RENTAL BEYERL TOTAL - SUBLET 0.00

G.O.G. & SUPPLIES-----
 JOB # 2 1.0 ADDITIONAL COST OF SALE @ /UNIT TOTAL - GOG 0.00

ALL NEW OR FACTORY
 REBUILT PARTS ARE GUA-
 RANTEED 12 MONTHS OR
 12,000 MILES, WHICHEVER
 COMES FIRST.



BAIERL CONVENIENCES:

1. Certified Technicians
2. Early Drop Off
3. Med. Duty Truck Shop
4. North Hills Shuttle
5. Complete Body Shop
6. Discount Rentals
7. 29 Min. Quick Lube
8. Genuine GM Parts
9. Saturday Hours
10. We Service Most GM Cars & Trucks

IMPORTANT

YOU MAY RECEIVE A QUESTIONNAIRE
 FROM CHEVROLET MOTOR DIVISION IN
 THE NEXT FEW DAYS. IF FOR ANY
 REASON YOU CANNOT GRADE US AS
 'COMPLETELY SATISFIED' PLEASE CALL
 JAY GAGNE, SERVICE ADMINISTRATOR.

THANK YOU!
 BAIERL CHEVROLET
 (724) 835-3711
 YOUR SATISFACTION IS
 OUR GOAL

CHEVROLET



SERVICE HOURS: MON - THURS 7:30 a.m. - 6:30 p.m. FRI 7:30 a.m. - 6:00 p.m. SAT 8:00 a.m. - 3:00 p.m.

CUSTOMER NO	ADVISOR	TAG NO	WORK DATE	INVOICE NO
	MICHAEL PUGLIESE-1383	WEX02877	08/28/02	87022201557
	VEH/VAR/ MODEL	3436	LT NUMBER M	72061
	BAIERL CHEVROLET TRUCK/TRAILBLAZER/TRAL		08/28/02	
BLENSHAW, PA	PHONE NET 1-822-0116797		R.O. DATE	
RESIDENT PHONE	BUSINESS PHONE	COMMENTS	08/12/02	

LABOR & PARTS	DESCRIPTION	HOURS	TECH(S)	WARRANTY	
J# 1 00CTZ	ELECTRICAL CUSTOMER STATES: WIPER INOP. CHECKED WIPER VOLTAGE AND GROUNDS AS PER CHART FOUND DAMAGED TERMINAL IN CONNECTION FROM PREVIOUS REPAIR END BROKEN AND SOLDERED. NEC TO INSTALL NEW END PLUG INSTALL WIPER MODULE	1.50	1095		
PARTS	DESCRIPTION	LIST PRICE	UNIT PRICE	WARRANTY	
JOB # 1	MODULE 16.064			0.00	
JOB # 1	TERMINAL			0.00	
JOB # 1 TOTAL PARTS				0.00	
JOB # 1 TOTAL LABOR & PARTS				0.00	
J# 2 10CTZ	BODY CUSTOMER STATES: FRONT OF HEADLINER AND AROUND SUNROOF SQUEAKS. SEEMS LIKE HEADLINER LOOSE. REINSTALL HEADLINER		1095		
PARTS	DESCRIPTION	LIST PRICE	UNIT PRICE	WARRANTY	
JOB # 2 TOTAL PARTS				0.00	
JOB # 2 TOTAL LABOR & PARTS				0.00	
J# 3-05CTZ	DRIVABILITY CUSTOMER STATES: CHECK ENGINE LIGHT ON. SCANNER CHECKED WITH TECH 2. INSTALLED SMOKE TEST CHECKED FOR LEAKS AT FILLER NECK IN TANK. INSTALLED FIRST TANK FOUND BROKEN WIPPLE. NEC TO INSTALL SECOND TANK	3.30	1095		
PARTS	DESCRIPTION	LIST PRICE	UNIT PRICE	WARRANTY	
JOB # 3	TANK ASN 3.001			0.00	
JOB # 3 TOTAL PARTS				0.00	
JOB # 3 TOTAL LABOR & PARTS				0.00	
SUBLET	POF	VEND INW	INV. DATE	DESCRIPTION	WARRANTY
JOB # 1	202956		08/28/02	16 DAYS RENTAL	0.00
TOTAL - SUBLET					0.00

ALL NEW OR FACTORY REBUILT PARTS ARE GUARANTEED 12 MONTHS OR 12,000 MILES, WHICHEVER COMES FIRST.



- BAIERL CONVENIENCES**
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YOU MAY RECEIVE A QUESTIONNAIRE FROM CHEVROLET MOTOR DIVISION IN THE NEXT FEW DAYS IF FOR ANY REASON YOU CANNOT GRADE US AS COMPLETELY SATISFIED. PLEASE CALL JAY GAGNE, SERVICE ADMINISTRATOR, THANK YOU.
BAIERL CHEVROLET
(724) 935-3711
YOUR SATISFACTION IS OUR #1 CONCERN!
08:49:28

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SERVICE HOURS: MON - THURS 7:30 a.m. - 6:30 p.m. FRI 7:30 a.m. - 6:00 p.m. SAT 8:00 a.m. - 3:00 p.m.

ADVISOR MICHAEL RUGLIESE 1983	TAG NO. 377	INVOICE DATE 08/20/02	INVOICE NO. CTCS333759
LABOR RATE	LICENSE NO.	COLOR LT PEWTER M	BOOK NO. T20851
YEAR / MAKE / MODEL 02 CHEVROLET TRUCK (TRAILBLAZER) TRAM	MILEAGE 3436	DELIVERY DATE 05/21/02	DELIVERY MILES
VEHICLE I.D. NO. 10NET188228115707	P. I. E. NO.	SELLING DEALER NO.	PRODUCTION DATE
GLNSHAW, PA	P. O. NO.	R. O. DATE 08/20/02	
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS	

LABOR & PARTS		DRIVABILITY	HOURS: 0.70	TECH(S): 1D95	WARRANTY
JOB # 1	QTY 1	FP-NUMBER 15181557	DESCRIPTION TANK ASM 3.001	LIST PRICE-UNIT PRICE	
JOB # 1 TOTAL PARTS					0.00
JOB # 1 TOTAL LABOR & PARTS					0.00

TOTALS		TOTAL LABOR	0.00
*****		TOTAL PARTS	0.00
* CASH () CHECK () CK #		TOTAL SUBLET	0.00
* VISA/MC () DISCOVER ()		TOTAL G. O. S.	0.00
* AMER EXP () CHARGE ()		TOTAL MISC CHG	0.00
		TOTAL MISC DISC	0.00
		TOTAL TAX	0.00
		TOTAL INVOICE \$	0.00

THANK YOU FOR YOUR PATRONAGE!!!!

CUSTOMER PAYMENT FOR PARTS INDICATED BY " * " HAVE A LIMITED LIFETIME WARRANTY

CUSTOMER SIGNATURE

ALL NEW OR FACTORY REBUILT PARTS ARE GUARANTEED 12 MONTHS OR 12,000 MILES, WHICHEVER COMES FIRST.



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BAIERL CHEVROLET
 (724) 836-3711
 YOUR SATISFACTION IS OUR NO. 1 GOAL



SERVICE HOURS: MON - THURS 7:30 a.m. - 8:30 p.m. FRI 7:30 a.m. - 8:00 p.m. SAT 8:00 a.m. - 3:00 p.m.

CUSTOMER NO	ADVISOR	SALES	INVOICE DATE	INVOICE NO
	MICHAEL PUGLIESE 1383	781	12/09/02	CECS346605
	LABOR RATE	WRECKAGE	COLOR	STOCK NO
		7188	LT PEWTER M	T20851
	YEAR / MAKE / MODEL		DELIVERY DATE	DELIVERY MILE B
	02/CHEVROLET TRUCK/TRAN BLAZER/TRAN		06/21/02	
GLENSHAW, PA	VEHICLE ID. NO		SELLING DEALER NO	PRODUCTION DATE
	16NET16S226115797			
RESIDENCE PHONE	BUSINESS PHONE	COMMENTS	R.O. DATE	
			12/09/02	

LABOR & PARTS
 JOB # 1 OBJECT ELECTRICAL HOURS: 1.20 TECH(S):1095
 CUSTOMER STATES: WIPERS INOP AGAIN
 CHECKED OPERATION OF WIPER MOTOR. RAN CHART FOR CONDITION
 HAD POWER TO TERM A HAD LIGHT TO HIGH POSITION. CONNECTORS
 (OK) NO DAMAGE. STEP 11 REPLACE MOTOR. LOOKED FOR CAUSE OF
 3 MOTORS GOING BAD. UNABLE TO DETECT REASON. MAY HAVE WATER
 INTRUSION CAUSING SHORT. REPLACED WIPER MOTOR

WARRANTY

ALL NEW OR FACTORY REBUILT PARTS ARE GUARANTEED 12 MONTHS OR 12,000 MILES, WHICHEVER COMES FIRST.

PARTS	QTY	FP NUMBER	DESCRIPTION	LIST PRICE	UNIT PRICE	WARRANTY
JOB # 1	1	12487687	MOBILE 16.064			0.00
				JOB # 1 TOTAL PARTS		0.00
				JOB # 1 TOTAL LABOR & PARTS		0.00

SUBLET	PA#	VEND IN#	INV DATE	DESCRIPTION	WARRANTY
JOB # 1	105618		12/09/02	1 DAY RENTAL	0.00
				TOTAL - SUBLET	0.00

TOTALS

* CASH () CHECK () CR # *
 * VISA/MC () DISCOVER () *
 * AMER EXP () CHARGE () *

TOTAL LABOR	0.00
TOTAL PARTS	0.00
TOTAL SUBLET	0.00
TOTAL G.O.G.	0.00
TOTAL MISC CHG	0.00
TOTAL MISC DISC	0.00
TOTAL TAX	0.00
TOTAL INVOICE \$	0.00

THANK YOU FOR YOUR PATRONAGE!!!!

CUSTOMER PAYMENT FOR PARTS INDICATED BY * * *
HAVE A LIMITED LIFETIME WARRANTY

CUSTOMER SIGNATURE



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THANK YOU
BAIERL CHEVROLET
17241 935-3711
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OUR NO. 1 GOAL

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U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

12-MAR-2003

Repository Reference No.
10010324**OWNER INFORMATION (Type or Print)**

Name

Address

City

PENNINGTON GAP

State VA

Zip Code

Daytime Telephone Number

E-mail Address:

Evening Telephone Number

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

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GNET16S526122730

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2002

Date Purchased
10-AUG-02

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

136200 VISIBILITY:WINDSHIELD WIPER/WASHER:MOTOR

Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
15-JAN-2003Failure Mileage
17400

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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


Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WINDSHIELD WIPERS HAVE FAILED FOR THE FOURTH TIME. TWO SEPARATE DEALERS HAVE REPLACED MOTOR AND THE ENTIRE WIPER UNIT WITHOUT REMEDY EXCEPT FOR SHORT PERIODS OF TIME. THE WIPERS ACTIVATE WHEN EVER THEY FEEL LIKE IT AND FAIL TO ACTIVATE DURING HEAVY RAIN AND ARE NOW "STUCK" IN THE HALFWAY POSITION ACROSS WINDSHIELD. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

 <p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline</p>		FOR AGENCY USE ONLY 254	
		Date Received 20-JUN-2002	Repository <input type="checkbox"/> Reference No. 786021
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City SCITUATE	State MA	Zip Code	
Do you authorize NHTSA to provide a copy of this 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 or address to the vehicle manufacturer. Signature of Owner _____ Date <u> </u> / <u> </u> / <u> </u>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GNDT13S622126530		Make CHEVROLET	Model TRAILBLAZER
Date Purchased 11-OCT-01	Dealer's Name and Telephone Number		Model Year 2002
Original Owner <input type="checkbox"/>	Dealer's City	Engine: No. Cylinders	Fuel Type: Gas
State	Zip Code		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 116200 ELECTRICAL SYSTEM:IGNITION:MODULE
Multiple Failure: 4			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 18-OCT-2001	Failure Mileage	Failure Speed 45	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code		Tire Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths
		Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).			
VEHICLE IS EXPERIENCING VARIOUS ELECTRICAL PROBLEMS SUCH AS INTERMITTENT OPERATION OF THE WIPERS, ELECTRIC SEATS THAT MOVE ON ITS OWN WHILE DRIVING, ELECTRIC MIRRORS NEVER STAY SET AND MOVE RANDOMLY WHEN DRIVING. COMPUTER MODULE REPLACED 5 TIMES. *TT			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY			
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.			

786021

From: feedback@cartalk.com
To: Alberto <NHTSA> Jimenez
Date: 6/20/02 3:08PM
Subject: Car Talk VOQ submission

* This data was submitted via a fill-in form at the Cartalk web site
* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Thursday, June 20th 2002 at 3:07:37 PM

VEHICLE OWNER'S QUESTIONNAIRE
=====

OWNER INFORMATION

NAME:

ADDRESS:

TELEPHONE:

NHTSA authorized to send a copy of this report to the manufacturer: Yes

VEHICLE INFORMATION

VIN: 1GN0T13S822128530
MAKE: chevrolet
MODEL: trail blazer ltz
YEAR: 2002

ODOMETER: 6200
PURCHASE DATE: 10/11/01
NEW OR USED:

DEALER NAME: Quirk chevrolet/geo
ADDRESS: Braintree, ma 02185

ENGINE SIZE:
CYLINDERS: 8

FUEL INJECTION: Yes
TURBO: No
FUEL TYPE:
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes

DRIVETRAIN: 4 Wheel
DRIVER AIRBAG: Yes
PASSENGER AIRBAG: Yes
3-POINT BELT: Yes
MOTOR BELT: No
2-POINT BELT: Yes
BODY STYLE: Other

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: computer that controls wipers (they worked when they wanted to, at random), electric seats never stayed where set and seat would move on it's own while driving), electric mirrors, (never stayed set and would move randomly when driving an when shut off), engagement of 4wd low gear would happen randomly while driving, also front end alignment never done at factory resulting in tires going bald on outside edges and went into a spin in rain, also drivetrain failure resulting in car jumping into reverse when started, panel that holds control buttons on driver's door fell out hanging by wires

PART NAME(S): computer module replaced 5times,
drivetrain fixed 1 time, front
end aligned 1 time

LOCATION: Right Front

NUMBER OF FAILURES: 4 computer, 1
drivetrain, 1
alignment, 4 recalls
done with code numbers
unknown reason given to
me

DATE(S) OF FAILURES: 10/18/01,10/20/01,10/24/01,12/04/01,12/14/01,02/05/02,04/12/02,05/23/02

MILEAGE AT FAILURE(S): 186,306,1319,1511,2308,2600,4620,5172

SPEED AT FAILURE(S): all speeds, except spin was at 45mph

MANUFACTURER CONTACTED: Yes

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: No
FIRE: No

NUMBER OF PERSONS INJURED:
NUMBER OF FATALITIES:
ESTIMATED PROPERTY DAMAGE: \$

DRIVER AIRBAG DEPLOYED: N/A
PASSENGER AIRBAG DEPLOYED: N/A

REPORTED TO POLICE: No

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT
TIRE MANUFACTURER:
TIRE NAME:
TIRE SIZE:

ADDITIONAL COMMENTS

most of the "repairs" on the car were done at Quirk chevrolet where we bought the car....please note that when we took delivery of car and brought it home, my husband checked the tires and found only 16 (sixteen) lbs. of pressure in all 4 tires. Each time we brought the car in for repairs it was kept for 4 to 15 days at a time, and the defects they claimed to have repaired were still evident on our drive home or would manifest within 2-3 days....i complained each time I brought the car in that the front end felt funny and pulled slightly...they said each time they could not reproduce the problem.(hence the balding tires and alignment problem they chose to ignore)...we brought the car to a different dealer (Best chevrolet in Hingham, Ma) where all the repairs that Quirk had supposedly done were done again, as well as the front end being taken care of...at this time the car is behaving itself since Best worked on it. In the meanwhile, we opened a file with Chevrolet corp. to negotiate a swap for a replacement car as I am frightened of driving it and all the mechanics that have worked on it as well as myself believe it is a lemon. Chevrolet refuses to replace the car and keeps insisting we give them enough chances to repair the car...in Massachusetts there is a lemon law that clearly indicates our car is a lemon, but to go that route requires a lawyer with hefty legal fees which we cannot pursue at this time. Also, Quirk performed 4 recall repairs to car but never told us what the recalls were for, except for the transfer case recall. I hope this report can save someone the aggravation we have gone through, and letill have the car.

END OF FORM



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

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 254

Date Received

20-JUN-2002

 Od_or _____
rt_dt _____
od_rt _____
up_Rr _____

Reference No.

788021

OWNER INFORMATION (Type or Print)

SCITUATE

MA

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 / /

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1GNDT13S622128530	Vehicle Make CHEVROLET TRUC	Vehicle Model TRAILBLAZER	Vehicle Year 2002	Current Odometer Reading
--	--------------------------------	------------------------------	----------------------	--------------------------

Purchase Date 11-OCT-2001	Dealer's Name _____	Engine Size (CID/CC) 5 CYL	Turbo <input type="checkbox"/>	Diesel <input type="checkbox"/>	Gas <input type="checkbox"/>	Fuel Injectio <input type="checkbox"/>	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____					
Transmission Type <input type="checkbox"/> Manual <input 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <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	Sport Utk <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input checked="" 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 08540000	Part Name(s) ELECTRICAL SYSTEM:IGNITION:ELECTRONIC CONTROL UNIT	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 4	Date(s) of Failure(s) 18-OCT-2001	Mileage at Failure(s) 186	Vehicle Speed at Failure(s) 45
		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 type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	---------------------------	----------------------	---------------------------	---

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

VEHICLE IS EXPERIENCING VARIOUS ELECTRICAL PROBLEMS SUCH AS INTERMITTENT OPERATION OF THE WIPERS, ELECTRIC SEATS THAT MOVE ON ITS OWN WHILE DRIVING, ELECTRIC MIRRORS NEVER STAY SET AND MOVE RANDOMLY WHEN DRIVING. COMPUTER MODULE REPLACED 5 TIMES. *TT

CONTINUE ON BACK IF NEEDED

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

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Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

10-JUN-2003

Repository Reference No.
10021338**OWNER INFORMATION (Type or Print)**

Name _____

Address _____

City W. COLUMBIA

State SC

Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date / / _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GNES16S526110788

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2002

Date Purchased
08-MAY-02Dealer's Name and Telephone Number
LOVE CHEVROLET 803-794-9001Engine:
No: CylindersFuel Type:
Gas

Original Owner

Dealer's City
W. COLUMBIA

State

SC

Zip Code

29033

Transmission Type

 Antilock Brakes

Powertrain

 Cruise Control

Vehicle Component Code

136000 VISIBILITY: WINDSHIELD WIPER/WASHER

Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
07-JUN-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1A9ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION*(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)*

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).

WINDSHIELD WIPERS FAIL TO WORK. THIS HAS OCCURRED 4 TIMES IN 12 MONTHS. DEALER HAS REPLACED THE MOTOR EACH TIME, BUT DOES NOT GUARANTEE THAT IT HAS PERMANENTLY FIXED THE PROBLEM. THIS IS A SAFETY ISSUE IN THAT WINDSHIELD WIPERS ARE REQUIRED TO DRIVE DURING RAIN. DRIVER DOES NOT KNOW OF THE PROBLEM UNTIL TRYING TO USE THE WIPERS. DURING HEAVY TRAFFIC CONDITIONS OR SUDDEN DOWNPOURS, VISIBILITY IS MINIMAL UNTIL THE DRIVER CAN SAFELY PULL OFF THE ROAD. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



U.S. Department
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National Highway
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

31-DEC-2002

Repository Reference No.
10000437**OWNER INFORMATION (Type or Print)**

Name

Address

City

LAWRENCEVILLE

State GA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

JGNES16S516112671

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2002

Date Purchased
30-MAY-02

Dealer's Name and Telephone Number

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC Antilock Brakes Cruise Control

Powertrain

REAR WHEEL DRIVE

Vehicle Component Code

136200 VISIBILITY:WINDSHIELD WIPER,WASHER;MOTOR

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
05-NOV-2002Failure Mileage
9500Failure Speed
65**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1SABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE WIPER MOTOR ASSEMBLY SNAPPED WHERE THE MOTOR CONNECTS TO THE WIPER ARMS MAKING THE WINDSHIELD WIPERS INOPERABLE. SECOND FAILURE WAS WIPER MOTOR DUE TO WATER INTRUSION. THE WIPER FAILED TO OPERATE DURING RAIN. ALSO TURNED ON BY THEMSELVES AFTER CAR WASH BUT COULDN'T BE TURNED OFF. THE WIPERS WORKED PROPERLY AFTER THE WIPER MOTOR DRIED OUT.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 responses 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.



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

27-FEB-2003

Repository Reference No.
10008175**OWNER INFORMATION (Type or Print)**

Name

Address

City

LAWRENCEVILLE

State GA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date / /

VEHICLE INFORMATION17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GNES16S526112671Make
CHEVROLETModel
TRAILBLAZERModel Year
2002Date Purchased
30-MAY-02Dealer's Name and Telephone Number
NASH CHEVROLET (770) 963-9266Engine:
No. Cylinders 6Fuel Type:
GasOriginal Owner
Dealer's City
LAWRENCEVILLEState
GAZip Code
30045Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
REAR WHEEL DRIVE

Vehicle Component Code

136200 VISIBILITY:WINDSHIELD WIPER/WASHER:MOTOR

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
26-FEB-2003Failure Mileage
16775Failure Speed
5**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

WINDSHIELD WIPERS STOPPED WORKING. THIS IS THE SECOND OCCURRENCE OF THE WIPER MOTOR HAVING TO BE REPLACED. AFTER THE FIRST OCCURRENCE, THE WIPERS WOULD ACTIVATE AFTER GOING THROUGH AN AUTOMATED CAR WASH, AND WOULD RUN FOR ABOUT 5 MINUTES, ON THIS OCCURRENCE, THEY WOULD NOT OPERATE, DURING A HEAVY RAIN. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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.



U.S. Department
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National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

04-MAY-2003

Repository Reference No.
10017006**OWNER INFORMATION (Type or Print)**

Name

Address

City

LAWRENCEVILLE

State GA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date / / **VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GNES16S526112671

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2002

Date Purchased
30-MAY-02Dealer's Name and Telephone Number
NASH CHEVROLET 770-963-9266Engine:
No: Cylinders 5Fuel Type:
GasOriginal Owner
Dealer's City
LAWRENCEVILLEState
GAZip Code
30045Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
REAR WHEEL DRIVE

Vehicle Component Code

136000 VISTIBILITY:WINDSHIELD WIPER/WASHER

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
02-MAY-2003Failure Mileage
21400Failure Speed
65**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash
 Yes NoFire
 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police
N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WINDSHIELD WIPERS FAILED DURING RAINSTORM FOR THE 3RD TIME IN 7 MONTHS. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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.



U.S. Department
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National Highway
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

28-JUL-2003

Repository Reference No.
10029329

OWNER INFORMATION (Type or Print)

Name

Address

City

LAWRENCEVILLE

State

GA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 7/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GNES165526112671

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2002

Date Purchased
30-MAY-02Dealer's Name and Telephone Number
NASH CHEVROLET 770-963-9266Engine
No: Cylinders 6Fuel Type:
GasOriginal Owner
Dealer's City
LAWRENCEVILLEState
GAZip Code
30045Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
REAR WHEEL DRIVE

Vehicle Component Code

136200 VISIBILITY:WINDSHIELD WIPER/WASHER: MOTOR

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
27-JUL-2003Failure Mileage
25300Failure Speed
55

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e. parts repaired or replaced (and if old part is available).

THE WIPER MOTOR FAILED TO OPERATE AFTER RUNNING THE CAR THROUGH A HIGH PRESSURE CAR WASH. THIS IS THE 5TH FAILURE OF THE
WIPER MOTOR SINCE NOVEMBER 2002. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



U.S. Department
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Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

22-JUN-2003

Repository Reference No.
10023522**OWNER INFORMATION (Type or Print)**

Name

Address

City

EAST ROCKAWAY

State NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GNET16S8361D5549

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2003

Date Purchased

23-FEB-03

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

136000 VISIBILITY; WINDSHIELD WIPER/WASHER

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

21-JUN-2003

Failure Mileage

3400

Failure Speed

20

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N


Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e. parts repaired or replaced (and if old part is available).

WINDSHIELD WIPERS STOPPED WORKING IN MIDDLE OF DOWNPOUR!!!!!!!!!!!!!! *NUM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.

 <p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		FOR AGENCY USE ONLY 100148	
		Date Received 27-MAY-2003	Repository <input type="checkbox"/> Reference No. 10020552
OWNER INFORMATION (Type or Print)			
Name _____		Daytime Telephone Number _____	E-mail Address _____
Address _____			
City KINGSTON	State NH	Zip Code _____	
Evening Telephone Number _____			
Do you authorize NHTSA to provide a copy of this 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 or address to the vehicle manufacturer. Signature of Owner _____ Date 5/1/03			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GKET16SX36125637		Make GMC	Model ENVOY
Model Year 2003	Date Purchased 06-DEC-02	Dealer's Name and Telephone Number COAST GMC 603-436-1700	Engine: No: Cylinders 6
Fuel Type: Gas	Original Owner <input checked="" type="checkbox"/>	Dealer's City PORTSMOUTH	State NH
Zip Code 03801	Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE
Vehicle Component Code 13700 VISIBILITY: REAR WINDOW WIPER/WASHER		Multiple Failure: 1	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 26-MAY-2003	Failure Mileage _____	Failure Speed 50	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make _____	Tire Model (Name or Number) _____		Tire Size (Example P215/65R15) _____
DOT No. (Example: DOTM19A8C035) _____	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: _____	
Tire Component Code _____		Tire Failure Type _____	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE			
Make: _____	Date Manufactured: _____	Model No./Name: _____	
Seat Type: _____	Installation System: _____		
Child Seat Component Code: _____	Failed Part: _____		
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0
Reported to Police N			
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).			
I HAVE A 2003 GMC ENVOY XL WITH LESS THAN 8,000 MILES ON IT. ON MAY 26, 2003 WHILE DRIVING IN THE RAIN, THE FRONT WIPERS QUIT. IN A MATTER OF SECONDS, I COULD SEE NOTHING. NEEDLESS TO SAY, IT WAS A VERY DANGEROUS SITUATION. *TT			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY.	
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.			



U.S. Department
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National Highway
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Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

16-JUN-2003

Repository Reference No.
10023198**OWNER INFORMATION (Type or Print)**

Name

Address

City

CAPE MAY

State

NJ

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GKET16S736132559

Make

GMC

Model

ENVOY

Model Year

2003

Date Purchased
13-MAY-03Dealer's Name and Telephone Number
KERBECK 609-646-7100Engine:
No. CylindersFuel Type:
Gas

Original Owner

Dealer's City
PLEASANTVILLEState
NJ

Zip Code

Transmission Type
AUTOMATIC Antilock Brakes Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

136200 VISIBILITY; WINDSHIELD WIPER/WASHER; MOTOR

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
13-JUN-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e., parts repaired or replaced (and if old part is available).

MY 2003 GMC ENVOY WINDSHIELD WIPERS DONT WORK AT ALL *NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-502 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 responses 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.



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

16-DEC-2002

Repository Reference No.
10000118

OWNER INFORMATION (Type or Print)

Name

Address

City

LAURINBURG

State

NC

Zip Code

Daytime Telephone Number

Evening Telephone Number

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

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GKES165836118625

Make

GMC

Model

ENVOY

Model Year

2003

Date Purchased

25-OCT-02

Dealer's Name and Telephone Number

TOBY WELLS 910-295-2002

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

PINEHURST

State

NC

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

REAR WHEEL DRIVE

Vehicle Component Code

136200 VISIBILITY:WINDSHIELD WIPER/WASHER: MOTOR

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

04-DEC-2002

Failure Mileage

3500

Failure Speed

0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

NON FUNCTIONAL WIPER MOTOR THAT THE DEALERSHIP (TOBY WELLS, PINEHURST, NC) AS WELL AS OTHER LOCAL GM DEALERS (SILVESTRY, LAURINBURG, AND JOE BROWN, ROCKINGHAM) HAVE TOLD ME IS KNOWN BY GM, AND COMMON PROBLEM. EVEN WITH THIS KNOWLEDGE, IT STILL TOOK ALMOST 2 WEEKS BEFORE I COULD GET THE PROBLEM REPAIRED

Include, if available; Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 - Public Law 93-502 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.



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

12-JUL-2003

Repository Reference No.
10025971**OWNER INFORMATION (Type or Print)**

Name

Address

City

WATERLOO

State IA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 7/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GMDT13S022156861

Make

OLDSMOBILE

Model

BRAVADA

Model Year

2002

Date Purchased
09-FEB-01

Dealer's Name and Telephone Number

Engine:
No. Cylinders 6Fuel Type:
GasOriginal Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
ALL WHEEL DRIVE

Vehicle Component Code

114200 ELECTRICAL SYSTEM:WIRING:INTERIOR/UNDER DASH

Multiple Failure: 8

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
09-JUN-2003Failure Mileage
48900Failure Speed
65**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

The Make

The Model (Name or Number)

The Size (Example P215/65R15)

DOT No. (Example: DOTM1A5ABC035)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

VEHICLE LOSES POWER TO DASH AND ALL COMPONENTS CONTROLLED FROM DASH INCLUDING WINDSHIELD WIPERS I HAVE TAKEN THIS INTO MY DEALER AND HE TOLD ME THEY COULDN'T FIND ANYTHING WRONG, BUT THEY TIGHTENED SOME GROUNDS. THIS ALMOST CAUSED ME TO HAVE AN ACCIDENT DURING A HEAVY THUNDER STORM WHEN THE WINDSHIELD WIPERS QUIT FOR ABOUT 15 SECONDS AT 65-70 MILES AN HOUR A VEHICLE CAN COVER A LOT OF DISTANCE AND I WAS BLIND FOR 15 SECONDS I MANAGED TO GET OVER TO THE SHOULDER AND ACTUALLY WAS PART WAY IN THE DITCH WHEN I GOT STOPPED. THEN THE WIPERS STARTED UP AGAIN AND WILL WORK AGAIN FOR AWHILE THIS HAS HAPPENED TO ME ATLEAST 8 TIMES ONLY ONCE DID I ALMOST WRECK MY VEHICLE THOUGH. THE CLOCK ALWAYS HAS TO BE RESET WHEN THIS HAPPENS. *AK WINDSHIELD WIPERS WERE ON HIGH SETTING WHEN THEY STOPPED. DASH INSTRUMENTS BACKLIGHT WENT DARK AND GAUGE NEEDLES ALL WENT TO ZERO. *KMB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

This 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 to support the agency's action.

OTHER COMPLAINTS

ODI	MAKE	MODEL	MY	VIN
10003244	CHEVROLET	TRAILBLAZER	2002	1GNES16S026130723
10003780	CHEVROLET	TRAILBLAZER	2002	1GNET16S026113644
10015855	CHEVROLET	TRAILBLAZER	2002	1GNDT13S122190479
10016974	GMC	ENVOY	2002	1GKDT13S422159885
759972	GMC	ENVOY	2002	1GKDT13S322281704
10026102	GMC	ENVOY	2002	1GKDT13SX22279030
10033085	GMC	ENVOY	2003	1GKET16S436141879
10019184	GMC	ENVOY	2003	1GKES16S536102768



U.S. Department
of Transportation
National Highway
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

23-JAN-2003

Repository Reference No.
10003244**OWNER INFORMATION (Type or Print)**

Name

Address

City

FRESNO

State CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GNES16S026130723

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2002

Date Purchased
28-JUL-02

Dealer's Name and Telephone Number

Engine:
No. CylindersFuel Type:
GasOriginal Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
REAR WHEEL DRIVE

Vehicle Component Code

136200 VISIBILITY:WINDSHIELD WIPER/WASHER:MOTOR

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
22-JAN-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM18ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

 Yes No Yes No

0

0

N

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


Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

2ND FRONT WINDSHIELD WIPER MOTOR BEING INSTALLED... WINDSHIELD WIPERS WOULD GO ON ALL BY THEIR SELFS... UNTIL FUSE PULLED OR ENGINE SHUT OFF.. DEALER IS TELLING ME WATER IS GETTING INTO MOTOR HOUSING AND SHORTING OUT MOTOR.. ??? ALREADY SECOND TIME IN LAST 2 MONTHS.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4298) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1375	
		Date Received 14-JAN-2003		Repository <input type="checkbox"/> Reference No. 10003780	
OWNER INFORMATION (Type or Print)				Daytime Telephone Number	
Name _____				E-mail Address _____	
Address _____				Evening Telephone Number _____	
City SAN JOSE		State CA	Zip Code _____		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date 1/1/03					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GNET16S026113644			Make CHEVROLET	Model TRAILBLAZER	Model Year 2002
Date Purchased 27-SEP-02	Dealer's Name and Telephone Number _____			Engine: No. Cylinders _____	Fuel Type: _____
Original Owner <input checked="" type="checkbox"/>	Dealer's City _____		State _____	Zip Code _____	
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes	Powertrain _____	Vehicle Component Code 136200 VISIBILITY: WINDSHIELD WIPER/WASHER: MOTOR		
<input type="checkbox"/> Cruise Control	Multiple Failure: _____				
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 01-JAN-2003	Failure Mileage _____	Failure Speed _____			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make _____		Tire Model (Name or Number) _____		Tire Size (Example P215/65R15) _____	
DOT No. (Example: DOTM1A9ABC036) _____		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: _____		
Tire Component Code _____			Tire Failure Type _____		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make: _____		Date Manufactured: _____		Model No./Name: _____	
Seat Type: _____		Installation System: _____			
Child Seat Component Code: _____		Failed Part: _____			
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Deaths _____	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
CONSUMER STATES THAT WINDSHIELD WIPER MOTOR ENGAGED WHILE VEHICLE WAS TURNED OFF AND RAN CONTINUOUSLY UNTIL SERVICED BY THE DEALER. DEALER REPLACED THE WIPER MOTOR WITH A DIFFERENT KIND.					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
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.					



U.S. Department
of Transportation

National Highway
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 124

Date Received

22-APR-2003

Repository Reference No.
10015855**OWNER INFORMATION (Type or Print)**

Name

Address

City

MAUMELLE

State AR

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

1GNDT135122190479

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2002

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes Cruise Control

Powertrain

Vehicle Component Code

162300 STRUCTURE:BODY:DOOR

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

20-MAR-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION*(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)*

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

INSTRUMENT PANEL, LIGHTS BURNED OUT. THE LEFT REAR DOOR HANDLE BROKE. THE WINDSHIELD WIPER AND WASHER CAME ON AND COULD NOT BE TURNED OFF. THE HEADLIGHTS FAILED. THE REAR HATCH PULL STRAP BROKE. *AK *NLM NO LONGER OWNS VEHICLE.
*KMB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DA5H-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

03-MAY-2003

Repository Reference No.
10016974**OWNER INFORMATION (Type or Print)**

Name

Address

City

BELLEVUE

State WA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GKDT135422159885

Make

GMC

Model

ENVOY

Model Year

2002

Date Purchased
16-JUN-01

Dealer's Name and Telephone Number

Engine:
No: Cylinders 6Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC Antilock Brakes
 Cruise Control

Powertrain

Vehicle Component Code

136000 VISIBILITY: WINDSHIELD WIPER/WASHER

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
02-MAY-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

FIRST, RAINSENSE WINDSHIELD WIPER EQUIPPED VEHICLE HAS WINDSHIELD WIPERS STOP AND STUTTER AT LEAST THREE TIMES ON EACH FORWARD AND BACK CYCLE WHEN IN INTERMITTENT MODE. WIPERS NOW DELAY UP TO 30 SECONDS AT TOP OF CYCLE (STRAIGHT UP ON WINDSHIELD) AND ARE GETTING PROGRESSIVELY WORSE. NEARLY CAUSED A COLLISION WITH VEHICLE IN FRONT. DEALER ATTEMPTED TO REPLACE "PULSE RELAY" WHICH DID NOT WORK AND THEN TECH STATED THEY OPERATE NORMALLY AND CUSTOMER DOES NOT UNDERSTAND FUNCTION OF RAINSENSE FEATURE DESPITE OWNING VEHICLE FOR 2 YEARS WITHOUT PRIOR ISSUE.

SECOND, RIGHT PASSENGER OUTSIDE MIRROR RANDOMLY CHANGES SETTING CREATING A SAFETY HAZARD DURING MANEUVERING OF VEHICLE. DEALER STATES THERE IS NO PROBLEM DESPITE FIXING AT LEAST 5 TIMES PRIOR. PLEASE NOTE PRIOR 19 COMPLAINTS WITH NHTSA ONLINE OUT OF 200 LISTED. THIS WOULD SEEM TO REQUIRE A RECALL. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Data Received

29-MAR-2002

Repository Reference No.
759972**OWNER INFORMATION (Type or Print)**

Name _____

Address _____

City HAVERTOWN

State PA

Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1 / 1

VEHICLE INFORMATION17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GKDT135322281704Make
GMCModel
ENVOYModel Year
2002Date Purchased
01-NOV-01

Dealer's Name and Telephone Number _____

Engine:
No. Cylinders _____Fuel Type:
Gas _____Original Owner

Dealer's City _____

State _____

Zip Code _____

Transmission Type _____

 Antilock Brakes

Powertrain

 Cruise Control

4 WHEEL DRIVE

Vehicle Component Code

115000 ELECTRICAL SYSTEM: FUSES AND CIRCUIT BREAKERS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
29-MAR-2002

Failure Mileage _____

Failure Speed
10**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make _____

Tire Model (Name or Number) _____

Tire Size (Example P215/65R15) _____

DOT No. (Example: DOTM15ABC036) _____

 Original Equipment
 Prior Repair

Failure Location: _____

Tire Component Code _____

Tire Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____

Date Manufactured: _____

Model No./Name: _____

Seat Type: _____

Installation System: _____

Child Seat Component Code: _____

Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured _____

Number of Deaths _____

Reported to Police

 Yes No Yes No

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e., parts repaired or replaced (and if old part is available).

TURN SWITCH PREVIOUSLY REPLACED BECAUSE HAZARDS CAME ON WHEN PUTTING ON TURN SIGNAL. NOW WINDSHIELD WIPERS ARE
STUCK ON AND HAD TO PULL FUSE TO STOP, WILL BE RETURNING TO DEALER, AGAIN

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.



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 256

Date Received

29-MAR-2002

 Del_or
rt_dt
bd_rt
up_itr

Reference No.

759972

OWNER INFORMATION (Type or Print)

HAVERTOWN

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

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GKDT13S322281704	GMC	ENVOY	2002	

Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
01-NOV-2001		4.3 L	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Anti-lock 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 Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input 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	Part Name(s)	Location	Failed Part(s)
09310000 10310000	LIGHTING: FUSE: TURN SIGNAL LIGHTS VISUAL SYSTEMS: WINDSHIELD WIPER	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure ↑	Date(s) of Failure(s) 29-MAR-2002 Mileage at Failure(s) 8200 Vehicle Speed at Failure(s) 10	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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

TURN SWITCH PREVIOUSLY REPLACED BECUASE HAZARDS CAME ON WHEN PUTTING ON TURN SIGNAL. NOW WINDSHIELD WIPERS ARE STUCK ON AND HAD TO PULL FUSE TO STOP, WILL BE RETURNING TO DEALER, AGAIN

CONTINUE ON BACK IF NEEDED

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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

15-JUL-2003

Repository Reference No.
10025102

OWNER INFORMATION (Type or Print)

Name

Address

City

BAYONNE

State NJ

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 7/15/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GKDT13SX22279030

Make

GMC

Model

EWOY

Model Year

2002

Date Purchased
09-NOV-01

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

061000 ENGINE AND ENGINE COOLING:ENGINE

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

09-JUN-2003

Failure Mileage

16000

Failure Speed

0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTMALSABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

Reported to Police

N


Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e. parts repaired or replaced (and if old part is available).

WHILE WAITING TO PROCEED IN TRAFFIC WITH FOOT ON BRAKE AND CAR IN DRIVE, ENGINE SUDDENLY STALLED OUT AND WAS UNABLE TO BE RESTARTED. ALSO, DRIVERSIDE MIRROR KEEPS RESETTING WHEN UNLOCKING THE AUTOMATIC DOORS. WIPERS DONT FUNCTION PROPERLY WHEN IN INTERMITTENT MODE. CAR IS AT DEALER NOW, HOPEFULLY THEY CAN RESOLVE THIS. *AK VEHICLE IS EQUIPPED WITH RAINSENSE AUTOMATIC RAIN SENSING WIPERS. RAINSENSE WORKS ONLY WHEN IN INTERMITTENT MODE. SETTINGS ADJUST SENSITIVITY OF WIPERS BUT NOT FREQUENCY. WIPER FAILS TO MAKE A COMPLETE SMOOTH PASS ACROSS WINDSHIELD. THEY STOP SEVERAL TIMES DURING THEIR SWEEP AND STUTTER. AFTER A FEW SECOND PAUSE THEY RESUME THEIR SWEEP. WIPERS WORK FINE WHEN SET TO STANDARD HIGH OR LOW WIPER SETTINGS. *KMB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-57) 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 responses 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 To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
		Date Received 19-AUG-2003	Repository <input type="checkbox"/> Reference No. 10033085
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address			
City BEDFORD	State NH	Zip Code	Evening Telephone Number
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date ____/____/____			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GKET16S436141879		Make GMC	Model ENVOY
Date Purchased 20-JAN-03		Dealer's Name and Telephone Number	
Original Owner <input checked="" type="checkbox"/>		Engine: No: Cylinders	Fuel Type:
Dealer's City		State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 136100 VISIBILITY: WINDSHIELD WIPER/WASHER: SWITCH/WIRING Multiple Failure: 2
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 02-AUG-2003	Failure Mileage	Failure Speed	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)
DOT No. (Example: DOTM15A8CD36)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code		Tire Failure Type	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0
		Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).			
WHILE PARKED IN MY GARAGE W/ ENGINE OFF. I CAME AROUND THE CORNER & HEARD WATER RUNNING. MY GMC 2003 ENVOY'S FRONT WINDSHIELD WIPERS WERE SPRAYING SPONTANEOUSLY & WIPERS WERE RUNNING. ENGINE WAS MAKING A LOUD SCREECHING NOISE. BACKED VEHICLE OUT OF GARGAGE & PULLED OUT FUSE. SPRAY STOPPED, BUT WIPERS STILL PROCEEDED TO GO. ENGINE COULD HAVE CAUGHT ON FIRE! DEALER REPLACED WIPER MOTOR STATING IT HAD BEEN FLOODED W/ WATER. PREVIOUSLY TO THIS EVENT, THE FRONT WIPERS WOULD GO OFF & ON EVEN WHILE SWITCH WAS IN THE OFF POSITION. ALSO, BACK WIPERS STOPPED WORKING & HAD BACK WIPER MOTOR REPLACED TOO. *AK			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
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.			



U.S. Department
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National Highway
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DOT Auto Safety Hotline
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received
23-MAY-2003
Repository
Reference No.
10019164

OWNER INFORMATION (Type or Print)

Name

Address

City

ARDMORE

State

AL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GKES16S536102768

Make

GMC

Model

ENVOY

Model Year

2003

Date Purchased

10-AUG-02

Dealer's Name and Telephone Number

BENTLEY GMC 256-536-2475

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

HUNTSVILLE

State

AL

Zip Code

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

REAR WHEEL DRIVE

Vehicle Component Code

136200 VISIBILITY; WINDSHIELD WIPER/WASHER; MOTOR

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

21-MAY-2003

Failure Mileage

8900

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTMALSABC036)

 Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes No

Fire

 Yes No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

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

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

ON A 2003 GMC ENVOY XL (VEHICLE MILEAGE APPROX. 8900 MILES), THE WINDSHIELD WIPERS WERE ON WHEN THE SWITCH WAS IN THE OFF POSITION. THE DEALER REPLACED THE WIPER MOTOR. THIS WAS THE SECOND TIME THIS PROBLEM HAD OCCURRED; THE FIRST WAS IN SEPTEMBER 2002. AT THAT TIME, THE DEALER ALSO REPLACED THE WIPER MOTOR.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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