



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

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

JAN 14 2004

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Gay P. Kent, Director  
Product Investigations  
General Motors Corporation  
Mail Code 480-106-304  
30500 Mound Road  
Warren, MI 48090-9055

NVS-212mbs  
PE04-001

Dear Mr. Kent:

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 (PE04-001) to investigate allegations of fuel spillage out of filler neck during refueling in model year 2003 Chevrolet Trailblazer manufactured by General Motors Corporation, and to request certain information.

This office has received 11 reports of fuel spillage out of filler neck during refueling in model year 2003 Chevrolet Trailblazer vehicles. A copy of each of the reports is enclosed for your information.

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

- **Subject vehicles:** All model year 2003 Chevrolet Trailblazer manufactured for sale or lease in the United States.
- **Subject component:** All components associated with the fuel tank, fuel fill system, and all lines, tubes, hoses, control devices, and valves attached to the fuel tank.
- **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



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

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 2004, 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:** Any failure, malfunction, or deficient performance whether constant or intermittent of fuel spillage out of filler neck during refueling.
  - **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. Insofar as GM has previously provided a document to ODI, GM may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. 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; and
  - g. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

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 that 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 fire, 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;
  - 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 "f," 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 "f and g," 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 fire 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 "REQUEST NUMBER TWO DATA." See Enclosure 1, Data Collection Disc, for a pre-formatted table that 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 that 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. List all GM models that have the same or similar fuel system designs as the subject vehicle.

11. Produce each of the following:

- a. Parts schematics of the fuel system for each design version of the subject component; and
- b. A diagram of the fuel system showing how the system works.

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;
- e. What warnings, if any, the operator and the other persons both inside and outside the vehicle would have that the alleged defect was occurring or subject component was malfunctioning; and
- f. 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 February 27, 2003. Please refer to PE04-001 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 Thomas Cooper, 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 Mark B. Swanson of my staff, at (202) 366-7020.


Sincerely,

A handwritten signature in black ink, appearing to read "Thomas Z. Cooper". The signature is fluid and cursive, with a large, stylized "Z" and a long, sweeping underline.

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

- Enclosure 1: One CD ROM titled Data Collection Disc containing three files  
Enclosure 2: Subject Vehicle Owner's Questionnaires



 <b>U.S. Department of Transportation</b> <b>National Highway Traffic Safety Administration</b>		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> <b>1-888-DASH-2-DOT</b> <b>(1-888-327-4236)</b> <b>INTERNET: www.nhtsa.dot.gov/hotline</b>		<b>FOR AGENCY USE ONLY 100148</b>	
		<b>Date Received</b>  21-DEC-2003	<b>Repository</b> <input type="checkbox"/>  <b>Reference No.</b> 10050861		
<b>OWNER INFORMATION (Type or Print)</b>				<b>Daytime Telephone Number</b>	
<b>Name</b> _____				<b>E-mail Address</b> _____	
<b>Address</b> _____				<b>Evening Telephone Number</b> _____	
<b>City</b> SPOKANE	<b>State</b> WA	<b>Zip Code</b> _____			
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.					
<b>Signature of Owner</b> _____ <b>Date</b> 11/1/03					
<b>VEHICLE INFORMATION</b>					
<b>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side</b> 16NDT13S132378100		<b>Make</b> CHEVROLET	<b>Model</b> TRAILBLAZER	<b>Model Year</b> 2003	
<b>Date Purchased</b> 24-SEP-03	<b>Dealer's Name and Telephone Number</b> _____			<b>Engine:</b> No. Cylinders 6	<b>Fuel Type:</b> Gas
<b>Original Owner</b> <input checked="" type="checkbox"/>	<b>Dealer's City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____		
<b>Transmission Type</b> AUTOMATIC	<input checked="" type="checkbox"/> <b>Antilock Brakes</b> <input checked="" type="checkbox"/> <b>Cruise Control</b>	<b>Powertrain</b> 4 WHEEL DRIVE	<b>Vehicle Component Code</b> 072000 FUEL SYSTEM, GASOLINE DELIVERY		
<b>Multiple Failure:</b> 3					
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
<b>Incident Date(s)</b> 02-OCT-2003	<b>Failure Mileage</b> 600	<b>Failure Speed</b> 0			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
<b>Tire Make</b> _____	<b>Tire Model (Name or Number)</b> _____		<b>Tire Size (Example P215/65R15)</b> _____		
<b>DOT No. (Example: DOTM19ABC036)</b> _____	<input type="checkbox"/> <b>Original Equipment</b> <input type="checkbox"/> <b>Prior Repair</b>	<b>Failure Location:</b> _____			
<b>Tire Component Code</b> _____			<b>Tire Failure Type</b> _____		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
<b>Make:</b> _____		<b>Date Manufactured:</b> _____		<b>Model No./Name:</b> _____	
<b>Seat Type:</b> _____		<b>Installation System:</b> _____			
<b>Child Seat Component Code:</b> _____		<b>Failed Part:</b> _____			
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
<b>Crash</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Fire</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Number of Persons Injured</b> _____	<b>Number of Deaths</b> _____	<b>Reported to Police</b> N	
<b>Narrative Description of Incident(s), Crash(es), and Injury(ies).</b> 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).					
WHEN FILLING GAS TANK, WHEN NOZZLE SHUTS OFF, GAS BELCHES OUT OF TANK FILLER TUBE. SPALASHES GAS ON SHOES AND CLOTHING. ALSO GETS GAS ON INSIDE OF CAR FENDER, YOU CAN THEN SMELL GAS FUMES WHEN CAR IS PARKED IN GARAGE. *AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <b>ATTACH ADDITIONAL SHEETS IF NECESSARY</b>					
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-DASH-2-DOT  
(1-888-327-4236)  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 1367

Date Received

09-DEC-2003

Repository ☐

Reference No.  
10050272

**OWNER INFORMATION (Type or Print)**

Name

Address

City HUBER HEIGHTS

State OH

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

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2003

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

Powertrain

☐ Cruise Control

Vehicle Component Code

071110 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY:FILLER

Multiple Failure: 1

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

Incident Date(s)

Failure Mileage

17

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).

FUEL FLOWS OUT THE FUEL TANK FILLER NECK WHEN FUEL TANK IS FILLED UP WITH FUEL. \*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 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 1367

Date Received

03-DEC-2003

Repository ☐

Reference No.  
10044529

### OWNER INFORMATION (Type or Print)

Name

Address

City

SAGAMORE HILLS

State

OH

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 11/1/03

### VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1GNDT135932395730

Make  
CHEVROLET

Model  
TRAILBLAZER

Model Year  
2003

Date Purchased  
21-JUN-03

Dealer's Name and Telephone Number  
GAL

Engine:  
No: Cylinders 6

Fuel Type:  
Gas

Original Owner  
☒

Dealer's City  
MEDINA

State  
OH

Zip Code

Transmission Type  
AUTOMATIC

☐ Antilock Brakes  
☐ Cruise Control

Powertrain

Vehicle Component Code  
D71110 FUEL SYSTEM, GASOLINE-STORAGE:TANK ASSEMBLY:FILLER

Multiple Failure: 1

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

Incident Date(s)

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: 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:

☐ 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).

WITHIN SECONDS OF FILLING THE FUEL TANK, FUEL LEAKED OUT OF THE FUEL TANK FILLER NECK. \*AK \*SCC \*JB

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-578) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



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-STOP (1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1367

Date Received

22-OCT-2003

Repository ☐

Reference No.  
10044529

### OWNER INFORMATION (Type or Print)

Name

Address

City

SAGAMORE HILLS

State OH

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

1GNDT135832395730

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2003

6-21-03

Dealer's Name and Telephone Number

GAL

Engine

No. Cylinders

6

Fuel Type

GAS

Original Owner

1st

Dealer's City

MEDINA

State

OHIO

Zip Code

Transmission Type

AUTO

☐ Antilock Brakes

☐ Cruise Control

Powertrain

Vehicle Component Code

071110 FUEL SYSTEM, GASOLINE; STORAGE; TANK; ASSEMBLY; FILLER

Multiple Failures: 1

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

Incident Date(s)

Failure Mileage

0

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: DOT14M9ABC036)

☐ 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).

WITHIN SECONDS OF FILLING FUEL TANK FUEL LEAKED OUT OF THE FUEL TANK FILLER NECK. \*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 condensed summary thereof, may be used in support of the agency's action.

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

EVERYTIME I FILL THE GAS TANK IT LEAVES  
A PUDDLE UNDER THE VEHICLE AND ALL OVER  
THE SIDE. ~~BE~~

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

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

Official Business  
Penalty for Private Use \$300

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at

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

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) & DOT



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



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received

26-OCT-2003

Repository ☐

Reference No.  
10043575

**OWNER INFORMATION (Type or Print)**

Name

Address

City

COVINGTON

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 1 / 1 / 03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1GNBS16S336106479

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2003

Date Purchased  
23-SEP-02

Dealer's Name and Telephone Number  
JOHN MILES CHEVROLET

Engine:  
No. Cylinders 6

Fuel Type:  
Gas

Original Owner  
☒

Dealer's City  
CONYERS

State  
GA

Zip Code

Transmission Type  
AUTOMATIC

☒ Antilock Brakes  
☒ Cruise Control

Powertrain  
REAR WHEEL DRIVE

Vehicle Component Code  
070000 FUEL SYSTEM, GASOLINE

Multiple Failure: 1

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

Incident Date(s)  
29-SEP-2002

Failure Mileage  
357

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

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).

EVERY TIME YOU FILL UP FOR GAS, GAS OVERFLOWS AND SPILLS ON GROUND. \*LA

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 100148

Date Received

16-SEP-2003

Repository ☐

Reference No.  
10038987

**OWNER INFORMATION (Type or Print)**

Name

Address

City

SEATTLE

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 1 / 1 /

**VEHICLE INFORMATION**

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

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2003

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

Powertrain

☐ Cruise Control

Vehicle Component Code

072000 FUEL SYSTEM, GASOLINE-DELIVERY

Multiple Failure: 1

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

Incident Date(s)

05-APR-2003

Failure Mileage

50

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: DOTM19A8C036)

☐ 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).

WHEN 2003 CHEVROLET TRAILBLAZER IS FILLED WITH GAS, GAS COMES BACK OUT OF TRAILBLAZER TO FORM UP TO A 2FT. PUDDLE OF GAS ON THE GROUND! GAS UP TO 2FT. WIDE DOWN THE PAINT! MY 2 1/2 YEAR OLD SON STRAPPED IN CAR SEAT AND OTHERS HAVE BEEN INSIDE WHEN THIS HAS HAPPENED, MAINLY AT RENTON WA. SAFEWAY GAS PUMPS, BUT OTHER PUMPS AS WELL! I TOLD GOOD CHEVROLET IN RENTON WA. AS FAR BACK AS APRIL 2003 OF THIS PROBLEM AND AT FIRST THEY CLAIMED THEIR WAS NO PROBLEMS WHATSOEVER WITH TRAILBLAZERS, BUT SOME CHEVY TAHOE SUV'S HAD THE PROBLEM! MAYBE I DIDNT KNOW HOW TO FILL A TANK, TRY A DIFFERENT GAS STATION, DONT REMOVE NOZZLE FOR A FEW SECONDS... I TRIED EVERYTHING THEY SAID AND KEPT CALLING AND TELLING THEM OF THE PROBLEM!!! I ASKED FOR ONE OF THEM TO COME WITH ME AND WITNESS IT AND THEY DECLINED! BY MAY AND JUNE IM STILL TELLING GOOD CHEVROLET OF THE CONTINUING PROBLEM! THEY ASK TO LOOK AT THE TRAILBLAZERS TANK AND FILL TUBE... MAYBE ITS KINKED, FILL TUBE OR BALL CHECK PROBLEM... THEY SAID IT LOOKS GREAT NOTHING FOUND, AND THEY FILLED IT WITH GAS AT THEIR PUMP AND NO GAS CAME OUT AT ALL! I HAD TOLD THEM TO FILL IT AT THE RENTON SAFEWAY!!!!, BUT THEY DIDNT!!!! I WONDER WHY?... BOB MANNING THE SERVICE MANAGER AT GOOD CHEVROLET HAD BEEN ADVISED OF ALL THIS IN MANY PHONE CALLS TO HIM! NOW IN JULY THEY WANT TO REPLACE THE FILLER NECK AND TANK. WHEN THEY FILL IT AGAIN THEY STILL DO NOT GO TO RENTON SAFEWAY LIKE I TOLD THEM AGAIN. I FILL IT AND GAS

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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received

26-JUL-2003

Repository ☐

Reference No.  
10029266

**OWNER INFORMATION (Type or Print)**

Name

Address

City

WHITMAN

State MA

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  
1GNDT13S732277546

Make  
CHEVROLET

Model  
TRAILBLAZER

Model Year  
2003

Date Purchased  
05-MAR-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  
071110 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY:FILLER  
Multiple Failure: 1

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

Incident Date(s)  
26-JUL-2003

Failure Mileage  
6105

Failure Speed  
0

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

The Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment  
☐ Prior Repair

Failure Location:

Tire Component Code

The 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).

WHILE FUELING VEHICLE, FUEL ALWAYS SPILLS OVER JUST BEFORE OR AFTER AUTO-SHUTOFF OF GAS PUMP. THIS HAPPENS EVEN THOUGH I'M CAREFUL THAT IT'S COMING CLOSE TO A FULL TANK AND PREPARE FOR THE SPILLAGE. TODAY IT HAPPENED AT A PUMP WHERE THE FUEL PUMP NOZZLE WAS OF A NON-ACCORDIAN TYPE BOOT. I'VE SPOKEN WITH OTHERS WHO HAVE THE SAME PROBLEM AND DEALERS ARE TELLING THEM TO BE MORE CAREFUL WHEN RE-FUELING. WHAT WILL IT TAKE GM TO ADMIT THERE'S A DESIGN FLAW IN THE FUEL DELIVERY SYSTEM? THIS IS ONLY ONE OF MANY ISSUES WITH THE TRAILBLAZER. YOU'D THINK FOR WHAT THEY COST THAT THEY'D BE BUILT BETTER.\*AK

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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received

20-JUN-2003

Repository ☐

Reference No.  
10023455

**OWNER INFORMATION (Type or Print)**

Name

Address

City TEMECULA

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 6/1/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1GNET16S636107946

Make  
CHEVROLET

Model  
TRAILBLAZER

Model Year  
2003

Date Purchased  
29-APR-03

Dealer's Name and Telephone Number  
PARADISE CHEVROLET/CADILLAC

Engine:  
No. Cylinders 6

Fuel Type:  
Gas

Original Owner  
☒

Dealer's City  
TEMECULA

State  
CA

Zip Code  
92591

Transmission Type  
AUTOMATIC

☒ Anti-lock Brakes  
☒ Cruise Control

Powertrain  
4 WHEEL DRIVE

Vehicle Component Code  
070000 FUEL SYSTEM, GASOLINE

Multiple Failure: 10

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

Incident Date(s)  
04-MAY-2003

Failure Mileage  
205

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: DOTM19ABCD36)

☐ 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

2

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).

WHEN FILLING THE FUEL TANK ON 2003 TRAILBLAZERS WITH FUEL PUMP EQUIPPED WITH "ACCORDION" NECK SLEEVES, FUEL HAS THE POSSIBILITY OF BACK FLUSHING OUT THE TOP OF THE TANK NECK. I EXPERIENCE THIS ON MULTIPLE GAS STATIONS HERE IN CALIFORNIA WITH MULTIPLE 2003 TRAILBLAZERS. ABOUT 1 CUP OF GASOLINE FLOWS OVER THE INTAKE AND ON TO THE CAR AND GROUND CAUSING A SERIOUS HAZARD. THE BACK FLOW SPILL DOES NOT SEEM TO OCCUR ON EVERY TYPE OF FUEL PUMP, BUT ONLY ON THOSE EQUIPPED WITH CERTAIN SLEEVES OVER THE NOZZLE. OTHER TRAILBLAZER OWNERS I HAVE TALKED TO IN MY AREA ALSO EXPERIENCE THIS PROBLEM. THE DEALER HAS NOT ONLY NOT BEEN ABLE TO DUPLICATE THE PROBLEM AT THEIR LOCAL STATION BUT HAS NO REMEDY FOR THE MULTIPLE TIMES WE HAVE BROUGHT THE VEHICLE IN FOR SERVICE. \*NUM

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 100148

Date Received

16-JUN-2003

Repository ☐

Reference No.  
10023187

**OWNER INFORMATION (Type or Print)**

Name

Address

City

MESA

State

AZ

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 6/1/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1GND5135732333973

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2003

Date Purchased  
30-MAY-03

Dealer's Name and Telephone Number  
SUPERSTITION SPRINGS BROWN & BROWN CHEVY

Engine:  
No. Cylinders 6

Fuel Type:  
Gas

Original Owner  
☒

Dealer's City  
MESA

State  
AZ

Zip Code  
85282

Transmission Type  
AUTOMATIC

☒ Antilock Brakes  
☒ Cruise Control

Powertrain  
FRONT WHEEL DRIVE

Vehicle Component Code  
070000 FUEL SYSTEM, GASOLINE

Multiple Failure: 0

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

Incident Date(s)  
11-JUN-2003

Failure Mileage  
320

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: DOTM4SABC036)

☐ 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).

GAS SPILLED OVER FROM SPOUT AND UNDERSIDE. WITH THE AMOUNT OF GAS SPILLED, OVERFLOW GOT ALL OVER VEHICLE AND PERSON AT THE GAS PUMP. HAD TO WASH OFF SHOES, CLOTHING AND LOWER LEG AREA DUE TO EXCESSIVE GAS SPILLAGE! EXTREMELY DANGEROUS!  
\*NLM

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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received

05-MAY-2003

Repository ☐

Reference No.  
10017080

**OWNER INFORMATION (Type or Print)**

Name

Address

City

MAGNA

State

UT

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   5  /  5  /  03  

**VEHICLE INFORMATION**

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

1GNDT13S932262949

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2003

Date Purchased  
22-MAR-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

071110 FUEL SYSTEM, GASOLINE; STORAGE; TANK ASSEMBLY; FILLER

Multiple Failure:

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

Incident Date(s)  
05-MAY-2003

Failure Mileage  
11

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).

GAS FILLER TUBE OVERFLOWS ON TO THE GROUND ALMOST EVERY TIME THE VEHICLE IS FILLED UP WITH GAS. HAS DONE THIS SINCE PURCHASE. TESTED DIFFERENT GAS STATIONS THINKING THAT WAS THE CAUSE BUT IT DOES THIS AT ALL OF THEM ABOUT A SECOND OR SO AFTER THE PUMP CLICKS OFF. ALSO THE FILLER TUBE BOOT HAS A BUILT IN HOLE FOR THE GAS TO DRAIN ON TO THE GROUND.... WHICH ( ON THE BETTER SIDE I GUESS) DOES KEEP IT FROM GETTING ON THE SIDE OF THE VEHICLE ON OCCASION.

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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received

18-APR-2003

Repository ☐

Reference No.  
10016162

**OWNER INFORMATION (Type or Print)**

Name

Address

City HUDSON

State NH

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 / 03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side:  
1GNDT13S632281300

Make  
CHEVROLET

Model  
TRAILBLAZER

Model Year  
2003

Date Purchased  
04-APR-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  
071110 FUEL SYSTEM, GASOLINE; STORAGE; TANK ASSEMBLY; FILLER

Multiple Failure: 0

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

Incident Date(s)  
18-APR-2003

Failure Mileage  
0

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(es).)

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(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).

NEW VEHICLE DELIVERED WITH DANGEROUS FACTORY DEFECT: GAS FILLER TUBE HAS CRACK- ALLOWS FUEL TO SPILL OUT DURING FUELING  
OF VEHICLE. DEALERSHIP DOES NOT HAVE PART ON HAND FOR REPAIR. \*NLM

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department  
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National Highway  
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Administration

**DOT Auto Safety Hotline**  
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(1-888-327-4236)  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 258

Date Received

09-DEC-2002

Repository ☐

Reference No.  
770643

**OWNER INFORMATION (Type or Print)**

Name

Address

City VALPARAISO

State IN

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  
1GNDT13S02192152

Make  
CHEVROLET

Model  
TRAILBLAZER

Model Year  
2003

Date Purchased  
01-OCT-02

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

071100 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY

Multiple Failure: 11

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

Incident Date(s)  
02-NOV-2002

Failure Mileage

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: D0THAL9ABC036)

☐ 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).

FUEL OVER FLOWS FROM FILLER NECK ONTO SIDE OF VEHICLE AND GROUND EVERY TIME AUTOMATIC NOZZLE SHUTS OFF. DT

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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