



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

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

APR 13 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-212am
PE04-032

Dear Ms. 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 (PE04-032) to investigate allegations of brake lamp failure in MY 2002-2004 Chevrolet Trailblazer manufactured by General Motors Corporation, and to request certain information.

This office has received thirty-seven (37) reports of brake lamp failure in MY 2002-2004 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 MY 2002-2004 Chevrolet Trailblazer manufactured for sale or lease in the United States.
- **Subject component:** all brake lamp assemblies 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 their 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 April 2000, were involved in any way with any of the following related to the alleged defect in the subject vehicles:



DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-327-4238

- 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:** Failure of the brake lamp bulb to illuminate during application of vehicle brakes.
 - **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, which provides further details regarding this submission.

2. State the number of each of the following, received by GM, or of which GM is 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. 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;
- e. Property damage claims;
- f. Third-party arbitration proceedings where GM is or was a party to the arbitration; and
- g. Lawsuits, both pending and closed, in which GM is or was a defendant or codefendant.

For subparts "a" through "f" 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 "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 a fire is alleged;
 - k. Whether property damage is alleged;
 - l. Number of alleged injuries, if any; and
 - m. 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, 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.
 - a. Separately, for each such claim, state the following information:
 - b. GM's claim number;
 - c. Vehicle owner or fleet name (and fleet contact person) and telephone number;
 - d. VIN;
 - e. Repair date;
 - f. Vehicle mileage at time of repair;
 - g. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
 - h. Labor operation number;
 - i. Problem code;
 - j. Replacement part number(s) and description(s);
 - k. Concern stated by customer; and
 - l. 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. Provide the following counts and rates (expressed as counts per 100,000 vehicles) for warranty records on the subject vehicle by model year for the following actions:
 - a. Replace and/or repair the left tail light assembly;
 - b. Replace and/or repair the right tail light assembly; and

- c. Replace and/or repair both left and right tail light assemblies (i.e. the left hand tail light assembly and the right hand tail light assembly are replaced and/or repaired during the same repair visit).
8. 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.
9. 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. Provide all copies of all documents related to all actions.
10. 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 component, 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 an exemplar sample of each design version and 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.

11. Provide a field return sample of the subject component exhibiting the subject failure mode.
12. 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 component;

- b. Any kits that have been released, or developed, by GM for use in service repairs to the subject component/assembly.

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.

13. 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 May 29, 2004. Please refer to PE04-032 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. Ali Motamedamin of my staff at (202) 366-7021.

Sincerely,



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

Enclosure 1, one CD ROM titled Data Collection Disc containing three files

 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 100079	
		Date Received 08-DEC-2003		Repository <input type="checkbox"/> Reference No. 10050241	
OWNER INFORMATION (Type or Print)					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			
KINGSHILL	VI				
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			Make	Model	Model Year
			CHEVROLET	BLAZER	2002
Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type: Gas
Original Owner	Dealer's City		State	Zip Code	
<input checked="" type="checkbox"/>					
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code		
AUTOMATIC	<input checked="" type="checkbox"/> Cruise Control	4 WHEEL DRIVE	125100 EXTERIOR LIGHTING: BRAKE LIGHTS: SWITCH		
			Multiple Failure: 2		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s)	Failure Mileage	Failure Speed			
08-DEC-2003	14000				
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example: P215/55R15)	
DOT No. (Example: DOTM19A8C036)		<input type="checkbox"/> Original Equipment	Failure Location:		
		<input type="checkbox"/> Prior Repair			
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(es).)</i>					
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			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).					
BOTH REAR BRAKE LIGHTS CONTINUALLY BURN OUT. DEALER REPLACED REAR BRAKE LIGHTS SEVERAL TIMES, HAS BEEN REPLACED MANY TIMES, BUT PROBLEM RECURRING. *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 258

Date Received
14-JAN-2002

Repository

Reference No.
756806

OWNER INFORMATION (Type or Print)

N. _____

Daytime Telephone Number
Evening Telephone Number

E-mail Address

City LOUISBURG State KS Zip Code _____

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: 1GNDT13WXY _____
Make CHEVROLET Model TRAILBLAZER Model Year 2002

Date Purchased 01-JUL-00 Dealer's Name and Telephone Number _____
Original Owner Dealer's City _____ State _____ Zip Code _____
Engine: No: Cylinders _____ Fuel Type: Gas

Transmission Type _____ Antilock Brakes Powertrain 4 WHEEL DRIVE
 Cruise Control Vehicle Component Code 125000 EXTERIOR LIGHTING;BRAKE LIGHTS
Multiple Failure: _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 23-DEC-2001 Failure Mileage _____ Failure 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: DOTM4L9ABC036) 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).

FAILURE OCCURRED IN TRAFFIC IN ST. LOUIS, MO. A LARGE TRUCK FOLLOWING BEHIND HAD TO BRAKE ABRUPTLY TO AVOID REAR ENDING MY VEHICLE. THE OTHER DRIVER WAS KIND ENOUGH TO TELL ME THAT MY BRAKE LIGHTS WERE NOT WORKING. I TOOK THE VEHICLE TO THE DEALERSHIP AND HAD THEM REPAIRED. THE SERVICE MAN TOLD ME THAT THEY HAVE HAD TO REPLACE SEVERAL OF THE SWITCHES IN THE STEERING COLUMN. I BELIEVE THE COMPANY HAS A DEFECTIVE PART IF THE SERVICE PEOPLE ARE NOTICING A TREND. I CONTACTED CHEVROLET AND THE "STARTED A FILE". AK

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

The Privacy Act of 1974 (Public Law 93-502) 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 18-MAR-2004	Repository <input type="checkbox"/> Reference No. 10062521
OWNER INFORMATION (Type or Print)				
Name _____		Daytime Telephone Number _____		E-mail Address _____
Address _____				
City _____		State _____		Evening Telephone Number _____
DALY CITY		CA		
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 <u> </u> / <u> </u> / <u> </u>		
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side _____		Make CHEVROLET	Model TRAILBLAZER	Model Year 2002
Date Purchased _____	Dealer's Name and Telephone Number _____		Engine: No. Cylinders <u> </u> <u> </u>	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City _____	State _____	Zip Code _____	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 125000 EXTERIOR LIGHTING;BRAKE LIGHTS	
Multiple Failure: _____				
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s) 18-MAR-2002	Failure Mileage 53000	Failure 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) _____		<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 BRAKE LIGHT IN MY TRUCK FAILED. I HAVE HAD CHEVY REPLACE THE CIRCUIT BOARD BUT THE PROBLEM STILL EXISTS. THE VEHICLE GOES THROUGH LIGHT BULBS ABOUT ONCE A MONTH. THE PROBLEM IS IN THE CONTACT BETWEEN THE BULB AND THE CIRCUIT BOARD. IT BURNS OUT THE METAL WIRE USED IN THE CONTACT. THE FILAMENT NEVER BURNS OUT. *AK				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY				
<small>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.</small>				



U.S. Department of Transportation
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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

10-FEB-2004

Repository

Reference No.

10056923

OWNER INFORMATION (Type or Print)

Daytime Telephone Number

E-mail Address

Evening Telephone Number

City KINGWOOD

State TX

Zip Code

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 2002

Date Purchased

Dealer's Name and Telephone Number
ROBINS

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
HUMBLE

State TX

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

REAR WHEEL DRIVE

Vehicle Component Code

121000 EXTERIOR LIGHTING:HEADLIGHTS

Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
10-FEB-2004

Failure Mileage
5000

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: 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

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).

OUR 2002 CHEVROLET TRAILBLAZER HAS PROBLEMS WITH ITS LIGHTS. WE HAVE HAD MULTIPLE PROBLEMS WITH HEADLIGHTS AND BRAKE LIGHTS. WE KNOW OTHERS WITH THE SAME PROBLEMS AND SEE MANY ON THE ROADS WITH BRAKE LIGHTS OUT. *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

30-JAN-2004

Repository Reference No.
10056197

OWNER INFORMATION (Type or Print)

Daytime Telephone Number

E-mail Address

A

City

ELK GROVE

State

CA

Zip Code

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

1GNDS13SS2

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2002

Date Purchased
01-JUN-02Dealer's Name and Telephone Number
MAITA CHEVROLET

Engine:

No. Cylinders 6

Fuel Type:

Original Owner

Dealer's City

ELK GROVE

State

CA

Zip Code

95758

Transmission Type

AUTOMATIC

 Antilock Brakes Cruise Control

Powertrain

UNKNOWN

Vehicle Component Code

125000 EXTERIOR LIGHTING: BRAKE LIGHTS

Multiple Failures:

FAILED COMPONENT (S)/PART(S) INFORMATION

Incident Date(s)

27-JAN-2004

Failure Mileage

14000

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).

BRAKE LIGHTS HAVE GONE OUT 5 TIMES IN AS MANY MONTHS. VEHICLE IDOLS EXTREMELY HIGH, SHIFTS HARD INTO SECOND GEAR AND BAD VIBRATION WHEN BRAKING.

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

FOR AGENCY USE ONLY 120

Date Received

14-JAN-2004

Repository

Reference No.

10054097

OWNER INFORMATION (Type or Print)

No

Daytime Telephone Number

E-mail Address

City

LITTLE ROCK

State

AR

Zip Code

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

1GNDS13S2

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

014000 STEERING RACK AND PINION

Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

14-JAN-2004

Failure Message

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: DOTM15ABC0361)

 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).

CONSUMER TOOK VEHICLE TO REPAIR SHOP BECAUSE OF THE FOLLOWING PROBLEMS; RACK AND PINION FAILED TWICE/AIR CONDITIONER MALFUNCTIONED TWICE/VEHICLE STALLED AT TAKE OFF/ OIL LEAK, AND BRAKE LIGHTS FAILED TO OPERATE PROPERLY. ALSO, VEHICLE MADE A LOUD NOISE ON DRIVER'S SIDE WHILE DRIVING. *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
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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	Repository <input type="checkbox"/>
25-NOV-2003	Reference No. 10047539

OWNER INFORMATION (Type or Print)

Daytime Telephone Number E-mail Address

Addr

City **BATON ROUGE** State **LA** Zip Code **70801**

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 1GND513S02		Make CHEVROLET	Model TRAILBLAZER	Model Year 2002
Date Purchased D1-DEC-02	Dealer's Name and Telephone Number		Engine: No. of Cylinders	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS	
Multiple Failure: 4				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 25-NOV-2003	Failure Mileage	Failure Speed
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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: DOTM19A80036)	<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).

THE BRAKE LIGHTS IN MY 2002 CHEVROLET TRAILBLAZER HAVE GONE OUT 4 TIMES IN 9 MONTHS. EACH TIME THE DEALER HAS REPLACED THE CIRCUIT BOARD AND BULB. I CONSIDER THIS A SERIOUS SAFETY DEFECT WITH MY TRAILBLAZER. NO ONE SEEMS TO KNOW WHY THIS PROBLEM KEEPS HAPPENING, AND I AM WORRIED ABOUT FUTURE PROBLEMS. *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	
	Data Received 21-NOV-2003		Repository <input type="checkbox"/> Reference No. 10047325	
OWNER INFORMATION (Type or Print)			Daytime Telephone Number _____ E-mail Address _____	
City THELLS State NY Zip _____		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 1GNET16SC		Make CHEVROLET	Model TRAILBLAZER	Model Year 2002
Date Purchased 24-MAY-03	Dealer's Name and Telephone Number JIM SMITH CHEVROLET 845-356-5600		Engine: No. Cylinders 6	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City SPRING VALLEY		State NY	Zip Code 10977
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain ALL WHEEL DRIVE	Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS	
Multiple Failure: 4				
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s) 21-NOV-2003	Failure Mileage 6553	Failure Speed 25		
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: DOTM4LSABC038) _____		<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 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).				
BRAKE AND TAIL LIGHT ON 2002 CHEVY TRAILBLAZER EXT HAVE FAILED ON FOUR OCCASIONS SINCE LEASING THIS NEW CAR ON 5/24/02. SERVICE PEOPLE HAVE BEEN GREAT IN FIXING THE PROBLEMS. THIS FIRST INCIDENT ON 11/6/2002 INVOLVED ONLY ONE TAIL AND BRAKE LIGHT BUT THE FOURTH INCIDENT ON 11/21/2003 INVOLVED BOTH TAIL AND BRAKE LIGHT. THE FAILURE COMES WITHOUT WARNING AND ONLY IS NOTICED WHEN A GOOD CITIZEN DRIVER INFORMS ME. THE LATEST INCIDENT WAS NOTICED WHEN A DRIVER ALMOST REAR ENDED ME BECAUSE BOTH LIGHTS WERE OUT. FORTUNATELY, THE TOP (DOLE) LIGHT WORKED. THE DATES OF THE REPAIRS ARE: 11/6/02, 8/7/03; 12/23/03; 11/21/03. IN A RELATED PROBLEM THE WINDSHIELD WIPERS AND/OR WASHERS HAVE FAIED ON THREE OCCASIONS: 7/2/02; 11/6/02 AND 12/23/02. *LA				
Include, if available, Police/Fire Department Report, Photos, and Repair Involes. ATTACH ADDITIONAL SHEETS IF NECESSARY.				
The Privacy Act of 1974-Public Law 93-509 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.				



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

FOR AGENCY USE ONLY 100161	
Data Received 03-NOV-2003	Repository <input type="checkbox"/> Reference No. 10046173

OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address			
City TEXARKANA	State AR	Zip	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		Make CHEVROLET	Model TRAILBLAZER	Model Year 2003
Date Purchased	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 <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s)	Failure Mileage 9000	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)	<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(es).)			
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).			

BRAKE LIGHTS STOPPED OPERATING. DEALER DETERMINED THAT THE CIRCUIT BOARD MALFUNCTIONED AND REPLACED IT. *AK



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

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INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100146

Date Received	Repository <input type="checkbox"/>
11-NOV-2003	Reference No. 10045951

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
WESTLAND	MI				

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 1GNES16S020000000		Make CHEVROLET	Model TRAILBLAZER	Model Year 2002
Date Purchased 26-JUN-02	Dealer's Name and Telephone Number GORDON CHEVROLET (734)427-6200		Engine: No: Cylinders	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City GARDEN CITY	State MI	Zip Code 48135	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 125000 EXTERIOR LIGHTING BRAKE LIGHTS	
Multiple Failure: 2				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 10-NOV-2003	Failure Mileage	Failure Speed	
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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)	<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).

THIS IS THE SECOND TIME THAT MY BRAKE LIGHTS HAVE FAILED. LUCKILY SOMEONE BEHIND ME HAS BEEN NICE ENOUGH TO LET ME KNOW BEFORE I AM REAR ENDED. I HAVE TWO SMALL CHILDREN AND HOPE THAT GM FIXES THIS PROBLEM BEFORE SOMEONE IS SERIOUSLY HURT. THE SOCKET HAS BEEN REPLACED ONCE AND APPEARS TO BE THE PROBLEM AGAIN. IF YOU PULL THE BULB SLIGHTLY OUT OF THE SOCKET THE BRAKE LIGHTS WILL WORK, THE ONLY PROBLEM IS THAT THE FIRST BUMP OR TWO YOU GO OVER SHORTS THE LIGHTS OUT AGAIN. I ONLY HOPE I CONTINUE TO HAVE NICE PEOPLE, WHO ARE PAYING ATTENTION, BEHIND ME WHEN I AM TRAVELING, OTHERWISE I MAY BE WRITING BACK TO REPORT SERIOUS DAMAGE. LET'S GET THIS FIXED-IT IS OBVIOUSLY A PROBLEM-JUST READ THE COMPLAINT LIST. *AK

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

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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

06-NOV-2003

Repository

Reference No.
10045577

OWNER INFORMATION (Type or Print)

Name _____

Address _____

City LAKE CHARLES

State LA

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 _____

Make
CHEVROLET

Model
TRAILBLAZER

Model Year
2002

Date Purchased
01-NOV-01

Dealer's Name and Telephone Number _____

Engine:
No. of Cylinders 5

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
125000 EXTERIOR LIGHTING: BRAKE LIGHTS

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
06-NOV-2003

Failure Mileage _____

Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make _____

The 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; i.e., parts repaired or replaced (and if old part is available).

BRAKE LIGHTS KEEP BURNING OUT...3 TIMES SO FAR.. ALSO I SEE THE SAME SITUATION ON MAY OTHER TRAIL BLAZERS ON THE ROAD.*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department of Transportation
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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received

24-OCT-2003

Repository

Reference No.
10044718

OWNER INFORMATION (Type or Print)

Name

Address

City

CRANBERRY TOWNSHIP

State

PA

Zip

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
01-JUN-03

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

125000 EXTERIOR LIGHTING: BRAKE LIGHTS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

20000

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).

THE VEHICLE BRAKE LIGHTS CONTINUED TO BLOW OUT. THE CONSUMER TOOK THE VEHICLE TO THE DEALER AND THE DEALER STATED THE BRAKE LIGHT BULBS HAD MELTED. *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
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100192

Date Received

22-OCT-2003

Repository Reference No.
10044521**OWNER INFORMATION (Type or Print)**

Address

Address

City

BILLINGS

State

MT

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 you 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

1GNDT13S02

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

Powertrain

 Cruise Control

Vehicle Component Code

125000 EXTERIOR LIGHTING: BRAKE LIGHTS

Multiple Failure: 7

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: DOTN1A9ABC036)

 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).

BRAKE LIGHTS MALFUNCTIONED REPEATEDLY/TURN SIGNAL LIGHTS FAILED THREE TIMES/HEADLIGHTS, AND PARKING LIGHTS ALSO MALFUNCTIONED. VEHICLE HAD BEEN IN REPAIR SHOP FOR THESE ISSUES AT LEAST SEVEN TIMES. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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		
	Data Received 23-OCT-2003		Repository <input type="checkbox"/> Reference No. 10043442		
OWNER INFORMATION (Type or Print)					
No. _____ Add. _____ City DOUGLASVILLE		State GA	Zip Code _____ Evening Telephone Number _____	Daytime Telephone Number _____ E-mail Address _____	
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 <u>10/23/03</u>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side _____		Make CHEVROLET	Model TRAILBLAZER	Model Year 2002	
Date Purchased _____	Dealer's Name and Telephone Number _____		Engine: No. Cylinders _____	Fuel Type: Gas	
Original Owner <input checked="" type="checkbox"/>	Dealer's City _____	State _____	Zip Code _____		
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain UNKNOWN	Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS Multiple Failure: 4		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 22-OCT-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: DOTM13A5C036) _____		<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).					
I OWN A 2002 CHEVY TRAILBLAZER WITH APPROXIMATELY 40,000 MILES. I HAVE HAD TO REPLACE THE BRAKE LIGHTS 3 TIMES. THEY ARE OUT AGAIN. BOTH OF THEM. A LADY STOPPED ME THIS MORNING TO TELL ME. THAT EXPLAINS WHY SOMEONE ALMOST REAR-ENDED ME LAST EVENING. *LA					
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: 19-OCT-2003
Repository:
Reference No.: 10043192

OWNER INFORMATION (Type or Print)

Name: _____
City: GONZALES State: LA
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): 1GND5135G
Make: CHEVROLET Model: TRAILBLAZER Model Year: 2003
Date Purchased: 30-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: REAR WHEEL DRIVE
Vehicle Component Code: 062200 ENGINE AND ENGINE COOLING:COOLING SYSTEM:FAN
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 19-OCT-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: 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).

SINCE I BOUGHT THIS VEHICLE AUGUST 30, 2002 I HAVE HAD TO BRING IT BACK TO THE DEALERSHIP ON NUMEROUS OCCASIONS FOR SEVERAL DIFFERENT ITEMS. I HAVE HAD BOTH THE LEFT AND RIGHT BRAKE LIGHTS GONE OUT, THE DRIVER SIDE HEAD LAMP WENT OUT, THE AIR CONDITIONER HAS GONE OUT TWICE(FOUR MONTHS APART), THE DRIVER SIDE PASSENGER WINDOW IS INOPERABLE(WE HAVE TRIED TO GET IT FIXED FOR ALMOST A MONTH NOW WITH NO SUCCESS) AND THE ENGINE COOLING FAN WAS WARPED AND THE FAN CLUTCH MALFUNCTIONED. AT THIS POINT WE DONT UNDERSTAND WHY THEY HAVENT JUST RECALLED THE WHOLE VEHICLE. LUCKILY WE HAVE THE 36,000 MILE WARRANTY STILL IN AFFECT BUT WHAT'S GOING TO HAPPEN WHEN IT IS UP AND THE SAME PROBLEMS KEEP RECURRING? *LA

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: 13-OCT-2003
Repository:
Reference No.: 10041747

OWNER INFORMATION (Type or Print)

Daytime Telephone Number: _____ E-mail Address: _____

City: AMITYVILLE State: NY 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 1GNDT13532		Make CHEVROLET	Model TRAILBLAZER	Model Year 2002
Date Purchased 18-MAR-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 checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS Multiple Failure: 5	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 03-AUG-2002	Failure Mileage	Failure Speed	
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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: DDTMAL9ABC036)	<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; LA, parts repaired or replaced (and if old part is available).

BRAKE LIGHTS HAVE BEEN NOT BEEN WORKING ON SEVERAL OCCASIONS SINCE BUYING 2002 CHEVY TRAILBLAZER IN 2002. *LA

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
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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 03-OCT-2003	Repository <input type="checkbox"/>
	Reference No. 10041155

OWNER INFORMATION (Type or Print)

Daytime Telephone Number		E-mail Address	
Adress	City SAN DIMAS	State CA	Zip Code
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		Make CHEVROLET	Model TRAILBLAZER	Model Year 2002
Date Purchased 07-DEC-01	Dealer's Name and Telephone Number GLENORA CHEVROLET		Engine: No. Cylinders 6	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City GLENORA	State CA	Zip Code	
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 03-OCT-2003	Failure Mileage	Failure Speed	
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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

(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'VE HAD TO REPLACE THE BRAKE LIGHTS ON MY 2002 CHEVY TRAILBLAZER TWICE NOW. HAVING ALMOST BEEN REAR-ENDED NUMEROUS TIMES AND IF IT WASN'T FOR OTHER DRIVERS TELLING ME MY BRAKE LIGHTS WERE OUT, I'M SURE THERE WOULD HAVE BEEN AN ACCIDENT BY NOW. ALSO AT 41,000 MILES NOW THE "SERVICE ENGINE SOON" LIGHT HAS COME ON AS WELL. *LA

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
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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 100145

Date Received

24-SEP-2003

Repository Reference No.
10040538**OWNER INFORMATION (Type or Print)**

Name

Daytime Telephone Number

E-mail Address

Address

Evening Telephone Number

City

SUTLAND

State

MD

Zip Code

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

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

Powertrain

 Cruise Control

Vehicle Component Code

125000 EXTERIOR LIGHTING: BRAKE LIGHTS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
15-SEP-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).

BRAKE LIGHT FAILED INTERMITTENTLY. DEALER STATED COMPUTER BOARD FAILED. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-578) 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
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1-888-DASH-2-DOT
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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1220

Date Received
01-OCT-2003

Repository
Reference No.
10038232

OWNER INFORMATION (Type or Print)

Name _____ Daytime Telephone Number _____ E-mail Address _____
 Ac _____
 City SUCCASUNNA State NJ Zip Code _____ 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: 1GNET16532
 Make CHEVROLET Model TRAILBLAZER Model Year 2002
 Date Purchased 01-AUG-02 Dealer's Name and Telephone Number ROSSJ
 Original Owner Dealer's City WASHINGTON State NJ Zip Code _____
 Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain _____
 Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS
 Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 24-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 _____ 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 REAR RIGHT BRAKE LIGHT WAS INOPERATIVE. *AK. ALSO THE SEAT BELT BUCKLE WAS LOOSE, THE BRAKES SQUEAKED AND THE FRONT STABILIZER WAS REPLACED BECAUSE A NOISE WAS HEARD WHEN THE CONSUMER MADE SLOW TURNS. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 The Privacy Act of 1974 (Public Law 93-502) 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
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
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INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

04-SEP-2003

Repository Reference No.
10037246**OWNER INFORMATION (Type or Print)**

Name

Daytime Telephone Number

E-mail Address

City

DEER PARK

State

TX

Zip Code

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

1GND513S42

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2002

Date Purchased
09-MAR-02Dealer's Name and Telephone Number
SANDOLLAR 409-744-5711Engine:
No. of Cylinders 6Fuel Type:
GasOriginal Owner
Dealer's City
GALVESTONState
TXZip Code
77553Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
FRONT WHEEL DRIVE

Vehicle Component Code

125000 EXTERIOR LIGHTING; BRAKE LIGHTS

Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATIONIncident Date(s)
04-SEP-2003Failure Mileage
36439

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(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).


I HAVE HAD EVERY RECALL THERE IS AND THEN SOME THAT SHOULD HAVE BEEN ON THE RECALL LIST. BRAKE LIGHTS IS A BIG ISSUE, THEY ARE NOT ON THE RECALL AND THEY SHOULD BE! THEY ARE NOT SEALED PROPERLY SO THE CIRCUIT BOARDS ARE EXPOSED TO THE ELEMENTS AND THEN THEY GO OUT CONSTANTLY! IF YOU ARE OUT OF WARRANTY, YOU PAY!!*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 100148	
	Date Received 24-AUG-2003		Repository <input type="checkbox"/> Reference No. 10033407	
OWNER INFORMATION (Type or Print)			Daytime Telephone Number	
No. _____			E-mail Address _____	
Add. _____			Evening Telephone Number _____	
City WARNER ROBINS			State GA 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 8 / 1 / 2003				
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GND513552		Make CHEVROLET	Model TRAILBLAZER	Model Year 2002
Date Purchased 28-FEB-02	Dealer's Name and Telephone Number _____		Engine: No. Cylinders 6	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City _____	State _____	Zip Code _____	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 125000 EXTERIOR LIGHTING; BRAKE LIGHTS Multiple Failure: 2	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s) 01-AUG-2003	Failure Mileage 35500	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: DOTM1A9BC036)		<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 (e.g., parts repaired or replaced (and if old part is available)).				
I OWN A 2002 CHEVROLET TRAILBLAZER LS. I CURRENTLY HAVE 37,000 MILES AND THEREFORE AM OUT OF MY INITIAL WARRANTY PERIOD. THE PROBLEM I AM HAVING IS WITH MY BRAKE LIGHTS. I HAVE TAKEN MY VEHICLE TO THE DEALER TWICE TO HAVE MY BRAKE LIGHT CIRCUIT BOARD REPLACED BECAUSE WATER KEEPS GETTING INTO THE AREA CAUSING SHORTS IN THE BOARD. WATER COMES OFF THE REAR TIRES AND DIRECTLY UNDERNEATH THE TAIL LIGHT CASING AND MAKES CONTACT WITH THE CIRCUIT BOARD BECAUSE THERE IS NO PROTECTION FOR THE BOARD. NOW THAT MY VEHICLE IS OUT OF WARRANTY I AM FORCED TO CONTINUE REPLACING THIS ITEM EVERY TIME IT OCCURS. THIS CAN CAUSE SERIOUS PROBLEMS BECAUSE THE BRAKE LIGHTS ARE VERY IMPORTANT IN TRAFFIC. ALSO, INDIVIDUALS CAN BE TICKETED FOR THIS PROBLEM. *AK				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY	
The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to a 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 17-JUN-2003	Repository <input type="checkbox"/>	Reference No. 10023262	
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
City ENCINITAS		State CA	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 1GNDT13S02		Make CHEVROLET	Model TRAILBLAZER	Model Year 2002	
Date Purchased 02-FEB-02	Dealer's Name and Telephone Number		Engine: No. Cylinders 6	Fuel Type: Gas	
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code		
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS		
Multiple Failure:					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 01-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: DOTM4SABC036)		<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 BRAKE LIGHTS ON MY 2002 CHEVY TRAILBLAZER RECENTLY STOPPED WORKING. THE DEALER REPLACED/REPAIRED THEM AT NO COST. DISCOVERED THROUGH AN INTERNET USER GROUP THIS PROBLEM HAS OCCURRED IN MANY TRAILBLAZERS. WOULD LIKE TO LOG MY COMPLAINT MILEAGE = 30K IN-SERVICE - FEB-2002. *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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>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 11-JUN-2003		Repository <input type="checkbox"/> Reference No. 10021390	
OWNER INFORMATION (Type or Print)				Daytime Telephone Number	
Name _____				E-mail Address _____	
Add _____				Evening Telephone Number _____	
City WARWICK		State RI	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 _____	
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GNDT13532 _____		Make CHEVROLET		Model TRAILBLAZER	Model Year 2002
Date Purchased 28-JAN-02	Dealer's Name and Telephone Number HURD 401-751-6000			Engine: No. of Cylinders 6	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City JOHNSTON		State RI	Zip Code _____	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain UNKNOWN	Vehicle Component Code 150000 SEAT BELTS		
	<input checked="" type="checkbox"/> Cruise Control		Multiple Failure: 5		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 10-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) _____		<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. List parts repaired or replaced (and if old part is available).					
I BOUGHT A 2002 CHEVROLET TRAILBLAZER LT NEW ABOUT 10 MONTHS AGO THE TRUCK HAS BEEN IN FOR SERVICE MANY TIMES FOR DIFFERENT THINGS AS FOR SEATBELT LOOKING UP AND WONT RELEASE, BRAKE LIGHTS FAILING, DIRECTIONALS THAT BLOWOUT EVERY FEW DAYS, RADIO/CD PLAYER WASNT WORKING, LEAKAGE OF WATER EVERYTIME IT RAINED ETC.. ANYWAYS I JUST TOOK IT BACK ON 6-9-03 FOR SEATBELT TO BE DONE AGAIN AND FOR THE DIRECTIONAL THAT FAILED AGAIN AND ALSO TO HAVE TRUCK INSPECTED I PICKED IT UP LATER THAT DAY AND FOUND THAT THE INSPECTION STICKER HAD A WRONG VIN # ON IT AND THAT OTHER WORK WAS DONE I LEFT THERE KNOWING THEY SAID THEY DONT KNOW WHY THE LIGHT IN DIRECTIONAL KEEPS FAILING BUT THEY DID CHANGE THE BULBS (THIS IS EVERYTIME I BRING IT THIS IS ALL THEY DO TO FIX IT) ON 6-10-03 THE DIRECTIONAL WASNT WORKING AGAIN MY HUSBAND CHANGED THE LIGHT BULB THIS TIME DUE TO THE FACT IT TAKES ME ALMOST 40 MINS TO GET TO DEALERSHIP I WILL BE GOING TO THE DEALERSHIP TO ASK FOR A COPY OF THE HISTORY ON TRUCK AND WILL BE GETTING A LAWYER INVOLVED AND ALSO CONTACT THE DEALERS COMMINTION AND CHANNEL 12 ON THIS MATTER I PAYED ALMOST 30,000 FOR A TRUCK THAT IS NOT WORTH IT AND I AM A VERY UNHAPPY COSTUMER ..*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 100148

Date Received 10-JUN-2003	Repository <input type="checkbox"/>
	Reference No. 10021363

OWNER INFORMATION (Type or Print)

Name: _____			Daytime Telephone Number		E-mail Address	
Address: _____			Evening Telephone Number			
City CLOVER	State SC	Zip Code				

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 1GNDT13S82		Make CHEVROLET	Model TRAILBLAZER	Model Year 2002
Date Purchased 29-APR-02	Dealer's Name and Telephone Number SONNY HANCOCK		Engine: No: Cylinders 6	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City LOWELL	State NC	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 03-FEB-2003	Failure Mileage 26000	Failure Speed	
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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)	<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).

LEFT REAR BRAKE LIGHT SHORTED OUT REQUIRING REPLACEMENT OF "CIRCUIT BOARD". SERVICE MANAGER INDICATED THIS WAS OCCURRING FREQUENTLY. 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

FOR AGENCY USE ONLY 100148

Date Received

10-JUN-2003

Repository Reference No.
10021346**OWNER INFORMATION (Type or Print)**

Mr

Ad

City

GASTONIA

State

NC

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
1GN0T13542Make
CHEVROLETModel
TRAILBLAZERModel Year
2002Date Purchased
04-APR-02Dealer's Name and Telephone Number
SONNY HANCOCKEngine:
No. Cylinders 6Fuel Type:
GasOriginal Owner
Dealer's City
GASTONIAState
NCZip Code
28056Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
4 WHEEL DRIVEVehicle Component Code
125000 EXTERIOR LIGHTING: BRAKE LIGHTS

Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATIONIncident Date(s)
10-JUN-2003Failure Mileage
29000

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).


LEFT BRAKE LIGHT SHORTED OUT AT 29,000 MILES. SERVICE MANAGER AT DEALERSHIP HAD INDICATED THAT THIS WAS VERY COMMON IN 2002 TRAILBLAZER. IF I DIDN'T HAVE SOMEONE BEHIND ME NICE ENOUGH TO TELL ME, IT COULD HAVE BEEN A PROBLEM. DEALER INDICATED SOME TYPE OF CIRCUIT BOARD NEEDED TO BE REPLACED. *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		FOR AGENCY USE ONLY 100148	
	Date Received 01-MAY-2003	Repository <input type="checkbox"/> Reference No. 10016875		
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		E-mail Address
City	State	Zip Code	Evening Telephone Number	
CALHOUN	GA			
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		Make	Model	Model Year
		CHEVROLET	TRAILBLAZER	2002
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
27-MAR-02			No: Cylinders	
Original Owner	Dealer's City	State	Zip Code	
<input checked="" type="checkbox"/>				
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code	
	<input checked="" type="checkbox"/> Cruise Control		125000 EXTERIOR LIGHTING: BRAKE LIGHTS	
			Multiple Failure: 5	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s)	Failure Mileage	Failure Speed		
01-APR-2002	3000			
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)	<input type="checkbox"/> Original Equipment	Failure Location:		
	<input type="checkbox"/> Prior Repair			
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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).				
HAVE HAD NUMEROUS PROBLEMS: FRONT PASSENGER SEAT BELT TIGHTENS ON PASSENGER WILL NOT RELEASE UNTIL TAKEN OFF. BRAKE LIGHTS HAVE BEEN WORKED ON 5 TIMES SINCE SUV WAS PURCHASED IN 2002. HAVE SEEN NUMEROUS TRAILBLAZERS ON THE ROAD WITH THE SAME PROBLEM. I BELIEVE THERE IS A PROBLEM !!!!				
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 100148	
	Date Received 20-FEB-2004		Repository <input type="checkbox"/> Reference No. 10058600		
OWNER INFORMATION (Type or Print)					Daytime Telephone Number 7
City ROYAL OAK State MI Zip Code					E-mail Address
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 ____/____/____					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GNDT13S82			Make CHEVROLET	Model TRAILBLAZER	Model Year 2002
Date Purchased 08-OCT-01	Dealer's Name and Telephone Number BILL FOX CHEVROLET (248) 651-7000			Engine: No. Cylinders 6	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City ROCHESTER		State MI	Zip Code 48308	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 125000 EXTERIOR LIGHTING-BRAKE LIGHTS Multiple Failure: 3		
FAILED COMPONENT(S) / PART(S) INFORMATION					
Incident Date(s) 04-SEP-2003	Failure Mileage 11654	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: DOTM15ABC036)	<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).					
BRAKE LIGHTS DEFECTIVE. I HAVE HAD THE BRAKE LIGHTS REPLACED 3 TIMES ON MY 2002 TRAILBLAZER. MY FAMILY OWNS SEVERAL TRAILBLAZERS (2002 AND 2003 MODEL YEARS) AND EVERY ONE OF THEM HAS HAD AT LEAST ONE DEFECTIVE BRAKE LIGHT, SOME VEHICLES WITH MULTIPLE FAILURES. CAN BE EITHER LEFT OR RIGHT BRAKE LIGHT THAT FAILS. I HAVE ALSO NOTICED MANY OTHER TRAILBLAZERS WITH DEFECTIVE BRAKE LIGHTS ON 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 93-502 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 responses, 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	Repository <input type="checkbox"/>
15-FEB-2004	Reference No. 10058207

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City	State	PA	Zip Code
COATESVILLE			

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 1GNDT13562		Make CHEVROLET	Model TRAILBLAZER	Model Year 2002
Date Purchased 13-MAR-02	Dealer's Name and Telephone Number APPLE CHEVROLET		Engine: No: Cylinders 6	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City YORK	State PA	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain ALL WHEEL DRIVE	Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 13-FEB-2004	Failure Mileage 52000	Failure Speed 45
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make	The Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19A8C036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
The 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).

ONGOING BRAKE LIGHT FAILURE ON '02 CHEV TRAILBLAZER. IN THE LAST YEAR OR MORE, I REPLACED THE DRIVER-SIDE BRAKE LIGHT BULB FOUR TIMES AND ONCE FOR THE BACK-UP BULB. MOST TIMES THE BULB LOOKS FINE BUT I REPLACE ANYWAY. SOMETIMES THE BRAKE LIGHT WORKS INTERMITTENTLY. ACCORDING TO CHEV PARTS DEALER, THE SOCKETS ON THE CIRCUIT BOARD GETS CORRODED AND CAUSES A SHORT, SO I REPLACED THE "CIRCUIT" BOARD (OUT OF POCKET COSTS) ON 2/14/04 BUT THE BRAKE LIGHT STILL DOESN'T LIGHT UP. I LOVED DRIVING THE VEHICLE BUT THIS COULD BE A DEAL-KILLER FOR GM IN THE FUTURE. THEY HAD BETTER RECALL AND FIX THIS ISSUE, OR THERE WILL BE SEVERAL OTHERS LIKE ME WHO WILL GO TO ANOTHER MANUFACTURER. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

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National Highway Traffic Safety Administration

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

07-FEB-2004

Repository

Reference No.
10056725

OWNER INFORMATION (Type or Print)

Name

Address

City

FARMINGDALE

State

NJ

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
1GNDS13S22

Make
CHEVROLET

Model
TRAILBLAZER

Model Year
2002

Date Purchased
23-AUG-02

Dealer's Name and Telephone Number
PINE BELT 7325421000

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
BATONTOWN

State
NJ

Zip Code
07727

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
REAR WHEEL DRIVE

Vehicle Component Code
125000 EXTERIOR LIGHTING: BRAKE LIGHTS

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
07-FEB-2004

Failure Mileage
6000

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).

VEHICLE BRAKE LIGHTS KEEP ON FAILING, BULBS BURN OUT VERY OFTEN. *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-DO7
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

08-DEC-2003

Repository

Reference No.
10049385

OWNER INFORMATION (Type or Print)

Name

Daytime Telephone Number E-mail Address

City

MTN. VIEW

State

MO

Zip Code

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

Make

CHEVROLET

Model

TRAILBLAZER

Model Year

2003

Date Purchased
17-AUG-01

Dealer's Name and Telephone Number
RELIABLE CHEVROLET BIG LOT 417-887-5900

Engine:
No: Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City
SPRINGFIELD

State
MO

Zip Code
65807

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code
125000 EXTERIOR LIGHTING: BRAKE LIGHTS

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
29-NOV-2003

Failure Mileage
43000

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

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 HAD TO HAVE MY ENTIRE VALVE BODY REPLACED, OF COURSE AFTER HAVING TO FIGHT TOOTH AND NAIL TO HAVE THE RELIABLE BIG LOT DEALERSHIP FIX THIS TRAILBLAZER. EVERYTIME IT HAS A PROBLEM, THEY DO ALL BUT CALL ME STUPID, AND SEND ME AWAY, OR SAY THAT WHEN THEY DRIVE IT, IT DOESN'T FAIL ON ANYTHING. IT MUST BE MY IMAGINATION. WHATEVER. NOW MY BRAKE LIGHTS FAIL COMPLETELY, AND THEYVE NEVER HEARD OF SUCH. LOL, THAT'S FUNNY BECAUSE WE ALMOST REARENDED ANOTHER TRAILBLAZER WITH NO BRAKE LIGHTS. NO WONDER THAT SEMI TRUCK ALMOST KILLED US. ANYONE EVER DRIVE IN ST. LOUIS RUSH HOUR TRAFFIC, ALMOST GET KILLED, AND THEN DISCOVER THAT YOU HAVE NO BRAKE LIGHTS? GEE, VEHICLES HAVE BRAKE LIGHTS FOR A REASON, WHO KNEW? NOW THE WARANTY IS UP BY 3000 MI AND I'M STUCK WITH THE BILL. THAT'S FUNNY HUH? ANYONE ORGANIZING A LAW SUIT? COUNT ME IN. *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		FOR AGENCY USE ONLY 335	
		Date Received	Repository <input type="checkbox"/>	19-NOV-2003	Reference No. 10044427
OWNER INFORMATION (Type or Print)				Daytime Telephone Number	E-mail Address
City PORT ORANGE		State FL		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 <u> 1 / 1 / </u>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GNDS13S12		Make CHEVROLET	Model TRAILBLAZER	Model Year 2002	
Date Purchased 01-OCT-01	Dealer's Name and Telephone Number DADELAND CHEVROLET 305-740-7475		Engine: No: Cylinders	Fuel Type: Gas	
Original Owner <input checked="" type="checkbox"/>	Dealer's City MIAMI	State FL	Zip Code 33143		
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code 110000 ELECTRICAL SYSTEM		
	<input type="checkbox"/> Cruise Control		Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 21-OCT-2003	Failure Mileage 53750	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)		<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).					
WHILE DRIVING ANOTHER DRIVER SIGNALLED CONSUMER THAT TAIL AND BRAKE LIGHTS WERE OUT. THE VEHICLE WAS TOWED TO THE DEALER. THE DEALER STATED THAT THE VEHICLE'S LEFT AND RIGHT CIRCUIT BOARD HAD AN OPEN CIRCUIT WHICH RESULTED IN NO BRAKES AND TAIL LIGHTS. *AK *NLM					
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 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 19-SEP-2003		Repository <input type="checkbox"/> Reference No. 10039170	
OWNER INFORMATION (Type or Print)			Daytime Telephone Number	E-mail Address
Name _____ Address _____ City SHELBY TWP State MI			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 / /				
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make CHEVROLET	Model TRAILBLAZER	Model Year 2002
Date Purchased	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	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS	
			Multiple Failure: 3	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s) 19-SEP-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: DOTM16ABC036)	<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 to 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 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 WIFE HAS A 2-YEAR OLD CHEVY TRAIL BLAZER. THE RIGHT BRAKE LIGHT HAS BURNED OUT TWICE AND THE LEFT BRAKE LIGHT HAS BURNED OUT ONCE. I'VE NOTICED MANY TRAIL BLAZERS ON THE ROAD WITH BURNED OUT BRAKE LIGHTS. IS THIS A QUALITY ISSUE OR A DESIGN ISSUE? IS GM AWARE OF THIS PROBLEM? ARE THEY DOING ANYTHING ABOUT IT? THANK YOU. *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 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 17-SEP-2003		Repository <input type="checkbox"/> Reference No. 10039071	
OWNER INFORMATION (Type or Print)			Daytime Telephone Number	E-mail Address
City BEN FRANKLIN		State TX		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 _____				
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GND513S32		Make CHEVROLET	Model TRAILBLAZER	Model Year 2002
Date Purchased 28-DEC-02	Dealer's Name and Telephone Number GRAYSON MOTORS		Engine: No. Cylinders 6	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City SHERMAN	State TX	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 125000 EXTERIOR LIGHTING-BRAKE LIGHTS	
Multiple Failure: 25				
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s) 02-JAN-2003	Failure Mileage 23000	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 (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).				
2002 TRAILBLAZER LS. LEFT BRAKE LIGHT CONTINUES TO FAIL. EACH TIME I PULL THE BULB OUT, IT IS OK, SO I PUT IT BACK IN AND IT WORKS FOR A DAY OR TWO. I HAVE NOW NOTICED THAT IT SEEMS TO WORK LONGER IF YOU PULL THE BULB OUT SLIGHTLY INSTEAD OF SEATING IT FULLY INTO THE SOCKET. THIS IS A VERY COMMON PROBLEM IN THIS VEHICLE, ACCORDING TO MY SON, AN ASE CERTIFIED MR. GOODWRENCH TECHNICIAN, EMPLOYED FOR YEARS BY GMC AND CHEVROLET DEALERSHIPS. BRAKE LIGHTS GOING OUT ARE GOING TO EVENTUALLY CAUSE A FATAL ACCIDENT, AND I DON'T THINK CHEVROLET WANTS THAT! MAKE THEM ACCOUNTABLE!! *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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<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>		<p>FOR AGENCY USE ONLY 100148</p>	
		<p>Date Received 08-AUG-2003</p>	<p>Repository <input type="checkbox"/></p>	<p>Reference No. 10031107</p>	
<p>OWNER INFORMATION (Type or Print)</p>					
<p>Name 7</p>		<p>Daytime Telephone Number</p>		<p>E-mail Address</p>	
<p>City GLEN OAKS</p>		<p>State NY</p>	<p>Zip Code</p>	<p>Evening Telephone Number</p>	
<p>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.</p>					
<p>Signature of Owner _____ Date 8/1/03</p>					
<p>VEHICLE INFORMATION</p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GNDT1356</p>		<p>Make CHEVROLET</p>	<p>Model TRAILBLAZER</p>	<p>Model Year 2002</p>	
<p>Date Purchased 01-APR-02</p>	<p>Dealer's Name and Telephone Number BAY CHEVROLET</p>		<p>Engine: No. Cylinders 6</p>	<p>Fuel Type: Gas</p>	
<p>Original Owner <input checked="" type="checkbox"/></p>	<p>Dealer's City DOUGLASTON</p>	<p>State NY</p>	<p>Zip Code 11363</p>		
<p>Transmission Type AUTOMATIC</p>	<p><input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control</p>	<p>Powertrain 4 WHEEL DRIVE</p>	<p>Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS</p>		
			<p>Multiple Failure: 12</p>		
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Incident Date(s) 06-DEC-2002</p>	<p>Failure Mileage 18000</p>	<p>Failure Speed 0</p>			
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make</p>		<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>	
<p>DOT No. (Example: DOTM4LSABC036)</p>		<p><input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>		
<p>The Component Code</p>				<p>Tire Failure Type</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make:</p>		<p>Date Manufactured:</p>		<p>Model No./Name:</p>	
<p>Seat Type:</p>		<p>Installation System:</p>			
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>			
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 0</p>	<p>Number of Deaths 0</p>	<p>Reported to Police N</p>	
<p>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).</p>					
<p>THE BRAKE LIGHTS HAVE FAILED, ON BOTH SIDES, ON NUMEROUS OCCASIONS. THE DEALER REPLACED THE ASSEMBLY INTO WHICH THE BULBS PLUGS INTO, ON BOTH SIDES. THE PROBLEM CONTINUES. EITHER THE BULBS BURN OUT, OR THEY BECOME LOOSE. THIS RESULTS IN LOSS OF THAT BRAKE LIGHT.</p>					
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p>					
<p>The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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>					

 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 24-JUN-2003		Repository <input type="checkbox"/> Reference No. 10023677	
OWNER INFORMATION (Type or Print)				
Name _____			Daytime Telephone Number _____	
City <u>NAPERVILLE</u> State <u>IL</u> Zip Co _____			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 <u> / / </u>	
VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GNDT13S62 _____		Make CHEVROLET	Model TRAILBLAZER	Model Year 2002
Date Purchased 25-FEB-02	Dealer's Name and Telephone Number _____		Engine: No. Cylinders <u>6</u>	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City _____	State _____	Zip Code _____	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 174200 LATCHES/LOCKS/LINKAGES:HATCHBACK/LIFTGATE:LOCK Multiple Failure: 1	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s) 01-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: DOTM1AB036)	<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 BRAKE LIGHTS HAVE BURNED OUT IN THE LAST 3 MOS. 3 DIFFERENT TIMES. THE PASSENGER SIDE BRAKE LIGHT SEEMS TO GO OUT EVERY MONTH. I WAS COMPLAINING ABOUT THE PASSENGER SEAT BELT LOCKING UP BUT THOUGHT I WAS JUST DOING IT WRONG. AFTER READING OTHER COMPLAINTS I NOTICED THAT IT IS A COMMON OCCURENCE. I HAVE HAD THE TRAIL BLAZER IN THE SHOP FOR THE NOISE UNDER THE FRONT WHEN YOU HIT A BUMP. THEY CANT SEEM TO FIND THE CAUSE OF THE NOISE. THE BACK GATE WOULD POP OPEN JUST DRIVING DOWN THE ROAD. DEALER ADJUSTED THE LATCHING HOOK. HAS NOT DONE IT SINCE. NOW AFTER DOING SOME RESEARCH I HAVE FOUND THAT THERE ARE 8 RECALLS ON THIS VEHICLE AND I HAVE JUST RECEIVED 2 NOTICES. THIS IS A BIT UNNERVING. *JB				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. ATTACH ADDITIONAL SHEETS IF NECESSARY				
<small>The Privacy Act of 1974-Public Law 93-599 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.</small>				



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
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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 17-MAY-2003
Repository
Reference No. 10018825

OWNER INFORMATION (Type or Print)

Name _____ Daytime Telephone Number _____ E-mail Address _____
Address _____ Evening Telephone Number _____
City HOUSTON State TX Zip _____

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: 1GNDS13S92
Make CHEVROLET Model TRAILBLAZER Model Year 2002
Date Purchased 25-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 125000 EXTERIOR LIGHTING: BRAKE LIGHTS
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-MAY-2003 Failure Mileage 17000 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: DOTM15A8C036) 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 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).

LEFT REAR BRAKE LIGHT AND THE RIGHT REAR BRAKE LIGHT HAVE GONE OUT 2 TIMES IN LESS THAN 1 YEAR REQUIRING THE BULB TO BE CHANGED. *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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FOR AGENCY USE ONLY 100148

Date Received

22-APR-2003

Repository Reference No.
10016380**OWNER INFORMATION (Type or Print)**

Daytime Telephone Number

E-mail Address

Add

City

ALBUQUERQUE

State NM

Zip

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 1GNDS13S2		Make CHEVROLET	Model TRAILBLAZER	Model Year 2002
Date Purchased 03-SEP-02	Dealer's Name and Telephone Number RELIABLE CHEVROLET		Engine: No. Cylinders 6	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City ALBUQUERQUE	State NM	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS	
Multiple Failure: 2				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 20-APR-2003	Failure Mileage 7900	Failure Speed
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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)	<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
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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).

BOTH LEFT AND RIGHT BRAKE LIGHTS FAILED TO OPERATE. VEHICLE WAS BOUGHT NEW 7.5 MONTHS AGO AND HAS ABOUT 8000 MILES. FOUND THE FUSES GOOD AND THE LIGHT BULB FILAMENTS GOOD. WHILE CHECKING THE LIGHT BULBS, I DISCOVERED THAT MOVING THEM SLIGHTLY IN THE OUT DIRECTION, THE LIGHTS WOULD COME ON. UPON EXAMINATION, IT APPEARS THE METAL CONNECTION TABS WITHIN LIGHT SOCKET AND/OR THE BULB WIRE- TYPE CONNECTIONS MAY HAVE BEEN DAMAGED BY HEAT. THERE IS SOME DISCOLORATION ON BOTH. ALTHOUGH THE BULBS ARE NOT BURNED OUT, THEY WILL NOT WORK WHEN FULLY SEATED INTO THE SOCKET - THERE IS NO ELECTRICAL CONNECTION. THEY DO WORK WHEN PULLED SLIGHTLY OUT. I INSTALLED NEW BULBS WHICH DO WORK WHEN FULLY SEATED. I NOW WONDER HOW LONG IT WILL BE BEFORE THIS PROBLEM OCCURS AGAIN. I BELIEVE THERE MAY A DESIGN DEFECT WITH EITHER THE SOCKET OR THE BULB, WHERE HEAT BUILDUP IN THE CONNECTION WAS NOT TAKEN INTO ACCOUNT. *JB

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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