



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
2006 FEB -7 AM 11:13
19-JAN-2006
Repository
Reference No.
10148143

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City LA SALLE State IL Zip Code [REDACTED]
Daytime Telephone Number [REDACTED]
E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of a signature or address to the vehicle manufacturer. YES NO
Signature of Owner [REDACTED] Date 1/13/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on drivers side: 1GNEK13R6YF [REDACTED]
Make CHEVROLET Model TAHOE Model Year 2000
Date Purchased 08-JUL-04 Dealer's Name and Telephone Number TORRIES USED CARS Engine: No: Cylinders 8 Fuel Type: Gas
Original Owner Dealer's City SPRING VALLEY State IL Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 221700 SEATS:FRONT ASSEMBLY:SEAT HEATER/COOLER
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 19-JAN-2006 Failure Mileage 52000 Failure Speed 30MPH DRIVER'S SEAT HEATER

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

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 1 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).

DT*: THE CONSUMER STATED AFTER USING THE HEATED SEAT FOR ONE AND A HALF MILES, IT SHORTED OUT. THIS CAUSED MINOR BURNS TO THE DRIVER. AN INDEPENDENT REPAIR SHOP DETERMINED THE SEAT COVER NEEDS TO BE REPLACED. *JB

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

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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

MY WIFE WAS DRIVING THIS VEHICLE TO WORK - 3 AM TRIP
1/2 MILES INTO THE TRIP SHE NOTICED ONE SIDE OF THE SEAT
WAS GETTING EXTREMELY HOT - SHE WIGGLED IN THE SEAT
AND NOTICED THAT THE LEFT LEG & CHEEK WERE TO THE POINT
OF BEING BLISTERED - SHE REACHED DOWN & SHUT THE SEAT
HEATER TO OFF - THE SEAT THEN COOLED OFF BY THE TIME
SHE GOT TO WORK - AFTER WORKING THE AFTERNOON - SHE
FOUND WHEN SHE LEFT WORK THE SEAT HEATER NO LONGER
WORKED

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

Official Business
Penalty for Private Use \$300

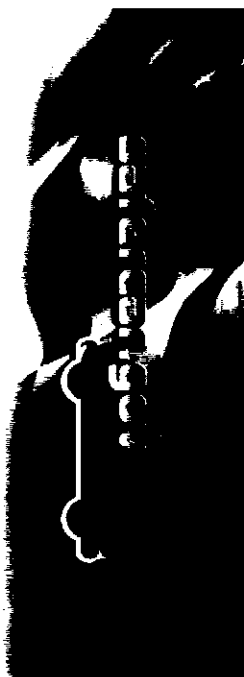


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

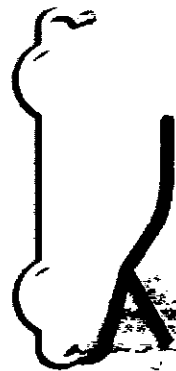
BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590



Think your vehicle
has a safety defect?



If so:
Use the enclosed
form to file a report.

or visit:
www.safercar.gov

or call:
Vehicle Safety Hotline
888-327-4236



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