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 ☐
02-AUG-2006	Reference No. 10164235

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address	[redacted]	Evening Telephone Number	
City REDDING	State CA	Zip Code [redacted]	

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	Model	Model Year
	GMC	YUKON XL 2500	2007

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	TAYLOR MOTORS UNKNOWN			No: Cylinders 8	Gas
Original Owner ☐	Dealer's City REDDING	State CA	Zip Code 96002		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	221600 SEATS:FRONT ASSEMBLY:POWER ADJUST Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
22-JUL-2006	0	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: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	1	~~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).

DT: THE CONTACT STATED WHILE INSPECTING A VEHICLE AT A DEALERSHIP, THE CONTACT'S CHILD WAS SITTING IN THE SECOND ROW SEAT AND PRESSED THE AUTO FOLDING SEAT CONTROL WHICH KNOCKED THE OCCUPANT BACKWARDS TRAPPING THEM BETWEEN THE TWO ROWS OF SEATS. THE CONTACT MANAGED TO FREE THE OCCUPANT BY MANUALLY PULLING THE SECOND ROW SEAT UPWARDS. BOTH THE DEALER AND MANUFACTURE WERE ALERTED. THE CHILD WAS CHOKED AND SUSTAINED MINOR INJURIES, I CAN PROVIDE PHOTOS IF NEEDED. THE CHILD INVOLVED WAS 3 YRS. OLD,

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