



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 SEP -1 11 8: 40
 18-OCT-2006

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OWNER INFORMATION (Type or Print)

Name [REDACTED]
 Address [REDACTED]
 City INVER GROVE HEIGHTS State MN 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? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
 Signature of Owner [REDACTED] Date 10/1/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
 1GNEK13Z93 [REDACTED] Make CHEVROLET Model TAHOE Model Year 2003
 Date Purchased 01-JUN-04 Dealer's Name and Telephone Number SOUTHVIEW CHEVROLET Engine: No: Cylinders 8 Fuel Type: Gas
 Original Owner Dealer's City INVER GROVE HEIGHTS State MN Zip Code 55077
 Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE
 Vehicle Component Code 221600 SEATS:FRONT ASSEMBLY:POWER ADJUST
 Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 14-SEP-2006 Failure Mileage 62000 Failure Speed 0

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: DOTMAL9ABC036) 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 ONE Number of Deaths 0 Reported to Police NO
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 THE ELECTRIC DRIVER SEAT MOVED FORWARD ON ITS OWN WHILE THE VEHICLE WAS BEING PARKED ENTRAPPING THE DRIVERS LEGS UNDER THE DASHBOARD AND UPPER BODY AGAINST THE WHEEL. NO INJURIES WERE SUSTAINED. THE SERVICE DEALER REPLACED THE SEAT MODULE. (SOUTHVIEW CHEVROLET)

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)

I drove onto my driveway, parked the car and the driver seat (electric) began to move forward. My legs were pinned under the dash and under extreme pressure, I could not step the seat. When the seat stopped moving I could not exit the truck. My neck, lower back & legs were hurting. It took me 5 to 10 minutes to exit the truck. This condition would have been a life threatening situation if the car was moving. I could not move my feet or legs. Once I was able to exit the truck, I noticed the seat heater was extremely hot and thought the seat would catch on fire. My grandson pulled the electric cord.

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590

OFFICIAL BUSINESS



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



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

www.nhtsa.gov
NHTSA

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