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

2010 FEB 17 AM 11:54

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** ☐
11-JAN-2010	Reference No. 10298973

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number [redacted]	
City BLAIRSVILLE	**State** GA	**Zip Code** [redacted]	

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GYEK13R7XR[redacted]	CADILLAC	ESCALADE	1999

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
2000	[redacted] GOBEL'S Used	No: Cylinders	REGULAR
Original Owner ☐	~~Dealer's City~~ OCALA	State FL	Zip Code 34471

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTOMATIC	☐ Antilock Brakes ☐ Cruise Control			20-DEC-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 220000 SEATS	Failure Mileage	Failure Speed
	200000	35

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		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).

TL*THE CONTACT OWNS A 1999 CADILLAC ESCALADE. WHILE DRIVING APPROXIMATELY 35 MPH, THE DRIVER'S SIDE SEAT WARMER MALFUNCTIONED AND BURNED THROUGH THE LEATHER. SHE ALSO WAS BURNED ON THE BACK OF HER LEGS. SHE WAS ABLE TO DRIVE ONTO THE EMERGENCY LANE AND GET OUT THE VEHICLE. THE SEAT WARMER MELTED THE LEATHER SEATS. THERE WERE NO REPAIRS MADE TO THE VEHICLE AND THERE WERE NO RECALLS. THE FAILURE MILEAGE WAS 200,000 AND THE CURRENT MILEAGE WAS 207,000.

*Please state ment is accurate.

[redacted] Jan. 17, 2010

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.