


JUL 30 2014

Form Approved: O.M.B. No. 2127-0008

 <p>DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration</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 24-MAR-2014	Repository <input type="checkbox"/>		Reference No. 10574444
OWNER INFORMATION (Type or Print)				Daytime Telephone Number	
Name		Address		E-mail Address	
City MOUNT LAUREL		State NJ		Zip Code	
<p>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).</p>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GKET16S646			Make GMC	Model ENVOY	Model Year 2004
Date Purchased 6/04	Dealer's Name and Telephone Number F.C. KERBECK		Engine: No: Cylinders 6	Fuel Type: Reg.	
Original Owner <input type="checkbox"/>	Dealer's City		State NJ	Zip Code	
Transmission Type Automatic	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:		Incident Date(s) 03-MAR-2014
	<input checked="" type="checkbox"/> Cruise Control				
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 130000 VISIBILITY, 162000 STRUCTURE: BODY				Failure Mileage 90000	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 0	Number of Deaths 0	Reported to Police N	
<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>TL* THE CONTACT OWNS A 2004 GMC ENVOY. THE CONTACT STATED THAT WHILE OPENING THE REAR LIFT GATE GLASS, THE GLASS SHATTERED BECAME SHATTERED. THE VEHICLE WAS NOT TAKEN TO A DEALER. THE MANUFACTURER WAS NOTIFIED OF THE PROBLEM. THE VIN WAS NOT AVAILABLE. THE APPROXIMATE FAILURE MILEAGE WAS 90,000.</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 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.</p>					

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

I opened the rear glass door to take out groceries and as I lifted the glass above my head the glass shattered over my face and body. I had glass everywhere! A small cut on my face, palm of my hand and finger. The glass was in my scalp inside of my clothes and in my shoes. It was very frightening! I'm so thankful that my kids were not in the back seat at the time! There should have been a **RECALL ON THIS! Very dangerous!!**

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE. Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

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US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



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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