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: 09-JUL-2015

Repository ☐

Reference No. 10732990

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City KERNVILLE | State CA | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address [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
1GKEC63808J [redacted]	GMC	YUKON DENALI	2008

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
4-21-11	Motor City			No: Cylinders	
Original Owner ☐	Dealer's City Bakersfield	State CA	Zip Code 93313		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 01-JUL-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 980000 UNKNOWN OR OTHER	Failure Mileage	Failure Speed
	90000	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	0	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).

I WENT TO OPEN MY DRIVERS SIDE DOOR TO GET INTO MY CAR AND THE DOOR HANDLE JUST RIPPED OFF. I COULD NOT BELIEVE IT. I'M NOT A STRONG WOMAN AND I DID NOTHING DIFFERENT THEN ANY OTHER DAY. NOW I HAVE TO CLIMB THROUGH THE PASSENGER SIDE AND OPEN MY DOOR TILL I CAN GET IT FIXED.
ABOUT A YEAR AGO I HAD MY BACK DOOR HANDLE COME LOOSE. IT DID NOT RIP OFF, BUT IT WAS NOT FUNCTIONAL. I HAD TO PAY TO GET IT FIXED. ONE LITTLE THING AFTER ANOTHER WITH THIS CAR.

This is a safety problem as I can not get into my car. The door handel just fell off. now I have to climb through my car to get in. Door handles made cheep on this car.

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