


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>	
<p>OWNER INFORMATION (Type or Print)</p>		<p>Date Received</p> <p>24-JUL-2015 SEP 21 2015</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 10736230</p>	
<p>Name</p> <p>Address</p> <p>City MONROE State NC Zip Code</p>		<p>Daytime Telephone Number</p> <p>Evening Telephone Number</p>		<p>E-mail Address</p>	
<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>					
<p>VEHICLE INFORMATION</p>					
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side</p> <p>1GYEK63N62R</p>		<p>Make</p> <p>CADILLAC</p>		<p>Model</p> <p>ESCALADE</p>	
<p>Date Purchased</p>		<p>Dealer's Name and Telephone Number</p> <p>Brandon</p>		<p>Model Year</p> <p>2002</p>	
<p>Original Owner</p> <p><input type="checkbox"/></p>		<p>Dealer's City</p> <p>Monroe</p>		<p>Engine:</p> <p>No: Cylinders</p>	
<p>State</p> <p>NC</p>		<p>Zip Code</p> <p>28110</p>		<p>Fuel Type:</p> <p>Premium</p>	
<p>Transmission Type</p> <p>automatic</p>		<p><input checked="" type="checkbox"/> Antilock Brakes</p> <p><input checked="" type="checkbox"/> Cruise Control</p>		<p>Powertrain</p> <p>109</p>	
		<p>Multiple Failure: <i>Seatbelt seat belt on driver side of the car</i></p>		<p>Incident Date(s)</p> <p>24-MAR-2015</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Vehicle Component Code: 150000 SEAT BELTS</p> <p><i>Driver side seat belt</i></p>				<p>Failure Mileage</p> <p>130000</p>	
				<p>Failure Speed</p> <p>20</p> <p><i>20-25</i></p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>					
<p>Tire Make</p> <p><i>Bridgestone R-TT7</i></p>		<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>	
<p>DOT No. (Example: DOTM1L9ABC036)</p>		<p><input checked="" type="checkbox"/> Original Equipment</p> <p><input type="checkbox"/> Prior Repair</p>		<p>Failure Location: <i>Highway 74 East</i></p>	
<p>Tire Component Code</p>				<p>Tire Failure Type:</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>					
<p>Make: <i>NA</i></p>		<p>Date Manufactured: <i>NA</i></p>		<p>Model No./Name: <i>NA</i></p>	
<p>Seat Type: <i>NA</i></p>		<p>Installation System: <i>NA</i></p>			
<p>Child Seat Component Code: <i>NA</i></p>		<p>Failed Part: <i>NA</i></p>			
<p>APPLICABLE INCIDENT INFORMATION</p> <p>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</p>					
<p>Crash</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Number of Persons Injured</p> <p>3</p>	
		<p>Number of Deaths</p> <p>0</p>		<p>Reported to Police</p> <p><i>* YES</i></p>	
<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 2002 CADILLAC ESCALADE. WHILE DRIVING APPROXIMATELY 20 MPH, ANOTHER VEHICLE CRASHED INTO THE REAR OF THE CONTACT'S VEHICLE. THE FRONT DRIVER SIDE SHOULDER SEAT BELT RETRACTOR FAILED TO FUNCTION AND THE WEBBING WOULD NOT RELEASE PROPERLY. AS A RESULT, THE DRIVER STRUCK THE STEERING WHEEL WITH FORCE. THE CONTACT SUFFERED FROM BACK AND SHOULDER INJURIES THAT REQUIRED MEDICAL ATTENTION. THE VEHICLE SUSTAINED MINOR REAR END DAMAGE AND WAS DRIVEN FROM THE SCENE. A POLICE REPORT WAS NOT FILED. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHERE THE REAR BUMPER WAS REPLACED; HOWEVER, THE SEAT BELT WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 130,000. THE VIN WAS UNAVAILABLE.</p> <p><i>Police report was filed. Police was on the scene. Driver of the other car did not stop, before the police came, the driver of the car that hit us pulled far off from</i></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>					

*where I pulled off the highway. Then came back far away from me, saw I was having problems getting out of the car so he left the scene very quickly.*

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

March 24, 2015 I and two grand-daughters was struck in the rear by a hit and run driver. Police were called, there is a police report. Police report reported that both cars pulled over, but that isn't so. I pulled off the highway, the asulant kept going, his bumper was of there was sked mark from his car in the highway, where he turned around in the highway with car smoking from the front front of his car. I was forced to the steering wheel, felt instant pain in my back. I have already had trouble with my back, from two failed back surgery. My grand-daughter is the

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with me her her back, the youngest went up to the front passenger side and hit her face on back of the passenger seat. She had minor injury - We all went to the hospital.

The driver that hit us did come back to the scene, a far off - was acting like he might have been drunk.

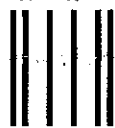
U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300

CHARLOTTE NC 282 02 SEP '15 PM 5 L



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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 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



is Owner's Questionnaire (VOQ) Department of Transportation National Highway Traffic Safety Administration