


INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

 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 JAN 13 2016 01-OCT-2015	Repository <input type="checkbox"/> Reference No. 10778976
OWNER INFORMATION (Type or Print)		Daytime Telephone Number Evening Telephone Number
Name Address City LIBERTY TOWNSHIP State OH Zip Code	E-mail Address	
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 1GKDT33SX92	Make GMC	Model ENVOY Model Year 2009
Date Purchased Original Owner <input type="checkbox"/>	Dealer's Name and Telephone Number Dealer's City State Zip Code	Engine: No: Cylinders Fuel Type:
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain Multiple Failure:	Incident Date(s) 27-SEP-2015
FAILED COMPONENT(S)/PART(S) INFORMATION		
Vehicle Component Code: LIGHTING (PWS)	Failure Mileage 119000	Failure Speed 35
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE		
Tire Make DOT No. (Example: DOTM19ABC036)	Tire Model (Name or Number) <input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Tire Size (Example P215/65R15) Failure Location:
Tire Component Code	Tire Failure Type:	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE		
Make: Seat Type:	Date Manufactured: Installation System:	Model No./Name:
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 Number of Deaths Reported to Police 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 2009 GMC ENVOY. WHILE DRIVING 35 MPH, BOTH HEADLIGHTS AND TAIL LIGHTS FAILED. THE CONTACT WAS ABLE TO DRIVE HOME USING THE FOG LIGHTS. AFTER LETTING THE ENGINE COOL DOWN, THE VEHICLE WOULD OPERATE NORMALLY. THE CONTACT WAS A CERTIFIED MECHANIC AND NOTED THAT THE VOLT METER DROPPED TO 12 VOLTS WHEN THE FAILURE OCCURRED. THE MANUFACTURER WAS AWARE OF THE FAILURE AND STATED THAT THERE WAS NO RECALL AVAILABLE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 119,000.		
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.		