



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

552(B)(6)
 Date Received

Repository

24-MAY-2016
 11:25 2016

Reference No.
 10870580

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
 Address: [REDACTED]
 City: SHREVEPORT State: LA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
 Evening Telephone Number: [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: 1GYS3BEF9ER [REDACTED]
 Make: CADILLAC Model: ESCALADE Model Year: 2014
 Date Purchased: 1/20014 Dealer's Name and Telephone Number: ORR CADILLAC / 318-798-7256 Engine: No: Cylinders: V8 Fuel Type: REGULAR
 Original Owner: [REDACTED] Dealer's City: SHREVEPORT State: LA Zip Code: 71105
 Transmission Type: [REDACTED] Antilock Brakes: Powertrain: [REDACTED] Multiple Failure: [REDACTED] Incident Date(s): 06-MAY-2016
 Cruise Control:

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 180000 VEHICLE SPEED CONTROL, 140000 AIR BAGS
 Failure Mileage: 10000 Failure Speed: 20

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: BRIDGE STONE Tire Model (Name or Number): DUEKER H/H Tire Size (Example P215/65R15): P285/45R22
 DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment: Prior Repair: Failure Location: MY HOME
 Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
 Seat Type: [REDACTED] Installation System: [REDACTED]
 Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
 Number of Persons Injured: 1 Number of Deaths: UNKNOWN Reported to Police: Y

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 2014 CADILLAC ESCALADE. WHILE PULLING INTO THE DRIVEWAY, THE VEHICLE ACCELERATED WITHOUT WARNING CRASHED INTO THE HOUSE. THE AIR BAGS FAILED TO DEPLOY. AS A RESULT, THE CONTACT SUSTAINED NECK, SHOULDER, LEFT KNEE, RIGHT SIDE, AND RIGHT HIP INJURIES THAT REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC LOT. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 10,000.

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.

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

I WAS ABOUT TO PULL VEHICLE INTO CAR PORT,
WHEN ALL OF CERTAIN, THE VEHICLE TO OFF ON ITS
OWN. HITTING A 3 INCH TICK BRICK WALL, A WOODEN FENCE,
A IRON POLE, THEN ENDED UP IN MY NEIGHBOR'S HOUSE
I HURT MY LEFT ~~KNEE~~ KNEE, RIGHT SHOULDER, ALSO
HURT RIGHT. THAT HAD BEEN REPLACED MARCH (2)
OF THIS YEAR. THE ACCIDENT WAS MAY 6 OF THIS
YEAR. AT PRESENT I AM UNABLE TO WORK, AND IS
TO AFRAID TO DRIVE VEHICLE, MY WIFE ALSO IS AFRAID

ATTACH ADDITIONAL SHEETS IF NECESSARY

SAFETY
LA 710
14 JUL '16
PM 2 L



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

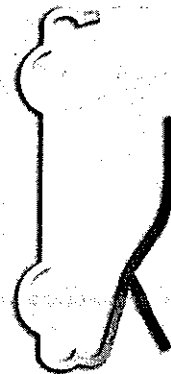
BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
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



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration