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	Repository ☐
08-FEB-2017 APR 0 4 2017	Reference No. 10950293

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number	
City BEARDSTOWN	State IL	Zip Code [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
1GNKVGKD4FJ[redacted]	CHEVROLET	TRAVERSE	2015

Date Purchased	Dealer's Name and Telephone Number			Engine: 3.6 L	Fuel Type:
4-27-15	Jennings Beardstown Inc			No: Cylinders V6	Reg.
Original Owner ☐	Dealer's City Beardstown	State IL	Zip Code 62618		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Automatic	☒ Antilock Brakes ☒ Cruise Control	AWD		24-JAN-2017

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	18000	2

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).

TL* THE CONTACT OWNED A 2015 CHEVROLET TRAVERSE. WHILE DRIVING 2 MPH, THE VEHICLE ACCELERATED RAPIDLY ON ITS OWN AND CRASHED INTO A BARN. THE AIR BAGS DID NOT DEPLOY. A POLICE REPORT WAS NOT FILED AND THERE WERE NO INJURIES. THE VEHICLE WAS TOWED AND DESTROYED. THE MANUFACTURER WAS NOT MADE AWARE OF THE CRASH. THE FAILURE MILEAGE WAS 18,000.

When approaching sand or gravel entrance with slight incline, I touched accelerator to move closer a few feet. Engine revved up at that time. Although I had my foot on brake immediately, did not slow vehicle. Vehicle slowed when structure boards on office fell on car & wheel, front left, was disabled.

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