

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 15-NOV-2017 FEB 05 2018	Repository ☐ Reference No. 11046293
OWNER INFORMATION (Type or Print)				Daytime Telephone Number E-mail Address Evening Telephone Number 	
Name 					
Address 					
City HAMBURG	State NJ	Zip Code 			
<i>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).</i>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GKDM19X72B 		Make GMC	Model SAFARI	Model Year 2002	
Date Purchased 7/02	Dealer's Name and Telephone Number ROYAL Buick GMC 973-875-3121		Engine: No: Cylinders	Fuel Type: 9A5	
Original Owner ☒	Dealer's City SUSSEX	State NJ	Zip Code 		
Transmission Type AUTO	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 31-OCT-2017	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 140000 AIR BAGS AIR BAGS			Failure Mileage 100000 146,029	Failure Speed 45	
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: DOTM19ABC036)		☐ 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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 1	Number of Deaths 0	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 2002 GMC SAFARI. WHILE DRIVING 45 MPH, THE CONTACT'S VEHICLE WAS STRUCK ON THE DRIVER'S SIDE BY A 2006 DODGE CARAVAN. THE CONTACT'S VEHICLE THEN CRASHED INTO A POLE. THE AIR BAGS DID NOT DEPLOY. THE CONTACT SUSTAINED LOWER BACK PAIN, A BRUISED TOE, A FOREHEAD GASH, AND DAMAGE TO THE RIBS. MEDICAL ATTENTION WAS REQUIRED. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC. THE LOCAL DEALER WAS NOT CONTACTED. THE MANUFACTURER WAS NOT NOTIFIED. THE FAILURE MILEAGE WAS APPROXIMATELY 100,000.					
146,029					
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 to 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.					