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 ☐
27-AUG-2018 OCT 24 2018	Reference No. 11122821

OWNER INFORMATION (Type or Print)

Name	[redacted]		Daytime Telephone Number	E-mail Address
Address	[redacted]		[redacted]	
City WAYNE CITY	State IL	Zip Code [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	Make	Model	Model Year
1GNKRHKD5FJ[redacted]	CHEVROLET	TRAVERSE	2015

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 27-AUG-2018

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 060000 ENGINE (PWS)	Failure Mileage 62000	Failure Speed 40

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 ☐ Yes ☒ No	Fire ☐ Yes ☒ 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 2015 CHEVROLET TRAVERSE. WHILE DRIVING 40 MPH, THE ENGINE SEIZED AND THE TRACTION CONTROL AND CHECK ENGINE INDICATORS ILLUMINATED. THE VEHICLE WAS TAKEN TO A DEALER (LEMOND'S CHEVROLET BUICK & CADILLAC, 412 E MAIN ST, FAIRFIELD IL 62837, 618-842-2147) WHERE IT WAS DIAGNOSED, BUT A FAILURE COULD NOT BE LOCATED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS APPROXIMATELY 62,000.

The Vehicle will suddenly stop, lock up and shuts down. Very scarry and not safe.
Once it stops it will restart after a while.
Unable to travel in this Vehicle for fear B my life or others.

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

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

This Vehicle is not safe to drive. It shuts down on its own and all power is locked. When this happens passengers & driver need to push it to a safe spot in order to Restart the Vehicle. If driving on major interstate or busy high traffic roads this problem could cause a Major and fatal Accident I do not feel safe in this Vehicle. Someone needs to find the cause and fix it or recall the Vehicle.

ATTACH ADDITIONAL SHEETS IF NECESSARY

[redacted]

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National Highway Traffic Safety Administration

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

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

[redacted]

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

POSTAGE WILL BE PAID BY ADDRESSEE

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Office of Defects Investigation, NEF-100
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382