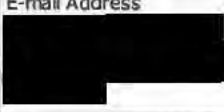
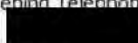


 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
			Date Received 14-AUG-2019 OCT 30 2019	Repository ☐ Reference No. 11243844
OWNER INFORMATION (Type or Print)				
Name 		Daytime Telephone Number 		
Address 		E-mail Address 		
City EUCHA	State OK	Zip Code 	Evening Telephone Number 	
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 1GYFK262X9R 		Make CADILLAC	Model ESCALADE	
Model Year 2009		Engine: No. Cylinders 6	Fuel Type: FLEX	
Date Purchased 3/14/19	Dealer's Name and Telephone Number Georges Motor Co. 918-786-9500			
Original Owner ☐	Dealer's City Grove	State OK	Zip Code 74344	
Transmission Type Auto	☒ Antilock Brakes ☒ Cruise Control	Powertrain 4-wheel Drive	Multiple Failure: Service Airbag	
Incident Date(s) 14-MAR-2019				
FAILED COMPONENT(S)/PART(S) INFORMATION				
Vehicle Component Code: 140000 AIR BAGS INformation Center : Service Air Airbags		Failure Mileage 200000	Failure Speed Not Available / All speeds	
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 NA	Number of Deaths 0	
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 CADILLAC ESCALADE. WHEN THE VEHICLE WAS PURCHASED ON MARCH 14, 2019, THE AIR BAG WARNING INDICATOR ILLUMINATED. THE VEHICLE WAS NOT TAKEN TO A DEALER OR AN INDEPENDENT MECHANIC FOR DIAGNOSTIC TESTING. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE VEHICLE WAS NOT REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 200,000.				
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 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.				