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 ☐
14-AUG-2019 OCT 30 2019	Reference No. 11243844

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]		
City EUCHA	State OK	Zip Code [redacted]	

Daytime Telephone Number	E-mail Address
[redacted]	[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
1GYFK262X9R[redacted]	CADILLAC	ESCALADE	2009

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
3/14/19	Georges Motor Co. 918-786-9500		No: Cylinders 8	Flex
Original Owner ☐	Dealer's City Grove	State OK / Zip Code 74344		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto	☑ Antilock Brakes ☑ Cruise Control	4-Wheel Drive	Service Airbag	14-MAR-2019

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
Information Center : Service ~~Air~~ Airbags	200000	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: 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	NA		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