



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 ☐

09-JAN-2020

Reference No.
11298155

FEB 11 2020

OWNER INFORMATION (Type or Print)

Name

Address

City

INDIO

State CA

Zip Code

Daytime Telephone Number

E-mail Address

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

1GKS2EEF5BR

Make

GMC

Model

YUKON

Model Year

2011

Date Purchased

12/31/2011

Dealer's Name and Telephone Number

LAKE BUICK 951-253-4600 PONTIAC, MI

Engine:

No. Cylinders 4

Fuel Type:

GASOLINE

Original Owner

☒

Dealer's City 31400 AUTO CENTER DR

LAKE ELSINORE CA 92531

State

CA

Zip Code

Transmission Type

☐

Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

01-JUL-2016

☒ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 140000 AIR BAGS, 114200 ELECTRICAL SYSTEM: WIRING: INTERIOR/UNDER DASH

Failure Mileage

65000

Failure Speed

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

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 2011 GMC YUKON. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 16V381000 (AIR BAGS). THE CONTACT STATED THAT THE DASHBOARD WAS FRACTURED IN CLOSE PROXIMITY TO THE PASSENGER'S SIDE AIR BAG HOUSING. COACHELLA VALLEY BUICK GMC LOCATED AT 78960 VARNER RD, INDIO, CA 92203, (760)610-0449, WAS CONTACTED BY PHONE. THE CONTACT WAS INFORMED THAT THE REMEDY PART WAS NOT YET AVAILABLE FOR THE RECALL REPAIR. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS CONTACTED AND INFORMED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 65,000.

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.