

OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

From: [DataQuality, DataQuality \(NHTSA\)](#)
To: [EVOQ \(NHTSA\)](#)
Subject: FW: 11382901
Date: Wednesday, February 3, 2021 9:29:33 AM

From: [REDACTED]
Sent: Tuesday, February 02, 2021 5:36 PM
To: DataQuality, DataQuality (NHTSA) <DataQuality@dot.gov>
Subject: 11382901

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[REDACTED] has attached the following document:



11382901



I have corrected the following documents as directed . Please feel free to contact me for any additional follow up.

Snapshot of the item below:



DOT Auto Safety Hotline

FOR AGENCY USE ONLY

100148

U.S. Department of Transportation

National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire To Report Vehicle Safety Defects

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline OWNER INFORMATION (Type or Print)

Date Received

10-DEC-2020

Daytime Telephone Number

Repository

Reference No. 11382901

E-mail Address

Name

Address City

PONTIAC

State MI

Zip Code [REDACTED]

Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We never share your information with the public as described in the agency's Privacy Act notice. See 49 FR 55071 (Sep. 9, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make Model Model Year

1GNEK13Z42[REDACTED] Date Purchased

Original Owner

CHEVROLET TAHOE

Dealer's Name and Telephone Number

Engine:

Dealer's City	State	Zip Code	No: Cylinders
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2002
 Fuel Type:
 Transmission Type
 Antilock Brakes
 Powertrain
 Multiple Failure:
 Incident Date(s)

Cruise Control 17-NOV-2020 **FAILED**
COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS
 Failure Mileage Failure Speed

150000

25

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make
 DOT No. (Example: DOTM9ABC036) Tire Component Code
 Tire Model (Name or Number)

Original Equipment
Prior Repair

Failure Location:

Tire Size (Example P215/65R15) Tire Failure Type:

Make:
 Seat Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE Date
 Manufactured: Model No./Name:
 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

1 0
 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, including repairs and parts replaced (and part numbers).

TL* THE CONTACT OWNED A 2002 CHEVROLET TAHOE. THE CONTACT STATED THAT WHILE DRIVING APPROXIMATELY 25 MPH WHEN THE VEHICLE RAN ACROSS BLACK ICE CAUSING THE CONTACT TO LOSE CONTROL OF THE VEHICLE. THE VEHICLE BEGAN TO SPIN UNCONTROLLABLY EVENTUALLY CRASHING INTO A CONCRETE WALL WITH THE FRONT-END OF THE VEHICLE. NO AIRBAGS DEPLOYED. THE CONTACT RECEIVED INJURIES TO THEIR KNEE, SHOULDER, NECK, BACK, AND EYE. MEDICAL ATTENTION WAS NEEDED. A POLICE REPORT WAS FILED. THE VEHICLE TOWED AND DEEMED TOTALED. BOTH THE DEALER AND MANUFACTURER WERE CONTACTED AND THE APPROXIMATE FAILURE MILEAGE WAS 150,000. THE CONTACT RECIEVED A CLAIM ID NUMBER #ODI11382901 AND CASE NUMBER [REDACTED].

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

Traffic Safety Act and subsequent amendments. You are under no obligation to respond 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.

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