INFORMATION REDACTED PURSUANT TOTHE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

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: 08-FEB-2021	Repository ☐
	Reference No.: 11395167

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City MANISTEE	**State** MI	**Zip Code** [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
1GNKVGKD5F[redacted]	CHEVROLET	TRAVERSE	2015

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
5-14-2018	Urka's Auto Center	231-845-6282	No: Cylinders	unleaded
Original Owner ☐	Dealer's City: Ludington	State: MI / Zip Code: 49431		

Transmission Type			Multiple Failure:	Incident Date(s)
Automatic	☐ Antilock Brakes ☐ Cruise Control	Powertrain: V-6		01-FEB-2020

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	78000	

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			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. THE CONTACT STATED THAT THE AIR BAG SENSORS ON THE DRIVER¿S AND THE PASSENGER¿S SIDE WERE DEFECTIVE. SHE STATED THAT THE AIR BAG SENSORS FAILED TO RECOGNIZE WHEN AN OCCUPANT WAS SEATED IN EITHER SEAT. THE CONTACT TOOK THE VEHICLE TO URKA AUTO CENTER, INC. (3736 US-10, LUDINGTON, MI 49431) WHERE THE VEHICLE WAS DIAGNOSED WITH A DEFECTIVE PASSENGER AIR BAG MODULE. THE CONTACT WAS THEN PROVIDED AN ESTIMATE FOR THE REPAIR. THE MANUFACTURER HAD YET TO BE NOTIFIED OF THE FAILURE. THE VEHICLE HAD YET TO BE REPAIRED. THE FAILURE MILEAGE WAS 78,000.

Got Repaired 4-19-2021
Attached invoice - SO# [redacted]

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

URKA AUTO CENTER
www.urkaauto.com

3736 West US Highway 10, Ludington, Michigan 49431
Tel: (231) 845-6282 Toll Free: 1-888-GO 2 URKA
www.urkaauto.com

SO # [redacted]
Status
Printed 04/19/2021 11:09:25 AM

SERVICE ORDER
CUSTOMER COPY

Page 1
User dougs

Customer No	88967	**Advisor**	Doug Seymour	**Promised**	04/19/2021 6:00 PM
[redacted]		**Shop**	S1	**Opened**	04/19/2021 9:00 AM
MANISTEE, MI [redacted]		**Priority**	41	**Cashiered**	
Home	**Bus**				
Cell [redacted]	**Today**				
Email					
Fleet Type					
Term CASH					

Tag
Location
PO #

License No	Odometer In	Odometer Out	In Serv Date	Stock No
[redacted]	91649	91650		[redacted]

Year	Make	Model	Model No	Color
2015	CHEVROLET	TRAVERSE	CV14526	SILVER ICE

Vehicle ID No	Selling Dealer	Extended Warranty	Delivery Date
1GNKVGKD5F[redacted]	URKA AUTO CENTER	RELIABLE CARE	05/14/2018

Engine Size 3.6L SIDI V6 **Fleet #**

Request	Description	Job	CSR	Status
97CVZ	INSTALL PASSANGER PRESENCE MODULE PER PREVIOUS DIAGNOSIS	1	DOUGS	Original

Labor	Description	Type	Amount
97CVZ	INSTALL MODULE SEE RO # 1011951	C	239.00

Part	Description	Req	SL	Bin	Type	Retail	Price	Amount
23432455	MODULE	1	N	SPOR	CRO	0.00	549.00	549.00

Technician 9098 - ROBERT B - M128686
Correction REPLACED PASSANGER PRESENSE MODULE PER PREVIOUS DIAGNOSIS

Parts Total	549.00
Labor Total	239.00
Request Total	**788.00**

Labor	239.00
Parts	549.00
Supplies	30.00
Discount	54.90
SUB-TOTAL	**763.10**
Tax	31.45
TOTAL INVOICE	**794.55**

Pd Cash
APR 19 2021
[redacted]

Facility # F101108

THANK YOU FOR YOUR BUSINESS
HAVE A NICE DAY!

[ ] M/C [ ] VISA [ ] DISC
[ ] AMEX [ ] CASH [ ] CHECK
[ ] CHARGE [ ] FUELMAN

REPAIRS PROPERLY COMPLETED AND CHECKED BY:

X _____

PARTS DESIGNATED WITH AN ASTERISK (*) INDICATE LIMITED LIFETIME SERVICE GUARANTEE APPLIES FOR CUSTOMER PAY REPAIRS

X _____
CUSTOMER SIGNATURE