



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100161

Date Received: **2003 MAY 27 AM 10:29**  
Repository:   
Reference No.: 10016123

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: FORT WASHINGTON State: MD Zip Code: [REDACTED]

Daytime Telephone Number: NO NUMBER  
Evening Telephone Number: [REDACTED]  
E-mail Address: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA will not include your name or address to the vehicle manufacturer.  
Signature of Owner: [REDACTED] Date: 5/9/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G6KDS4Y51U209516  
Make: CADILLAC Model: DEVILLE Model Year: 2001  
Date Purchased: April, 2001 Dealer's Name and Telephone Number: Lindsay Cadillac Co. 703-824-9890  
Original Owner:  Dealer's City: Alexandria, State: VA Zip Code: 22032  
Engine: No: Cylinders: Gas  
Transmission Type: Automatic  Antilock Brakes  Cruise Control  
Powertrain: North Star  
Vehicle Component Code: 021000 SUSPENSION:FRONT  
Multiple Failure: [REDACTED]

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): [REDACTED] Failure Mileage: [REDACTED] Failure Speed: [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]  
DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment Prior Repair:  Failure Location: [REDACTED]  
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

**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: [REDACTED] Number of Deaths: [REDACTED] 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).

THE VEHICLE WANDERED WHILE DRIVING. THE VEHICLE WAS TAKEN TO THE DEALER WHO STATED THAT THE BOLTS WERE LOOSE ON THE FRONT END. \*NLM  
I went to capitol cadillac with a noise and steering problem. They found a loost bolt, and tightened it. Said it was out of line as a result.  
Their address: 6500 Capitol Dr. Green belt, MD 20770. 301-441-9600  
They suggested I take it back to Lindsay or they would have to charge me for the work.

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.

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

Lindsay have had my car on three different occasions with a complaint of wind noise and the car wandering all over the road.

They kept my car for a week and still did not solve the problem. It is dangerous for me to continue driving this car in this condition

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, S.W.  
Washington, D.C. 20590



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OWNER'S  
QUESTIONNAIRE**



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and dial toll free at

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