



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 231

Date Received

2003 MAY 27 AM 9:42

Repository

Reference No.

10017402

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City FERNANDINA BEACH State FL Zip Code [Redacted]

Daytime Telephone Number [Redacted]

E-mail Address [Redacted]

Evening Telephone Number SAME

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 provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 5/27/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 1G6V5338XNK126145
Make CADILLAC Model ALLANTE Model Year 1992

Date Purchased

Dealer's Name and Telephone Number CLAUDE MOLAN CADILLAC (904)646-5473

Engine: No. Cylinders 8

Fuel Type: Gas

Original Owner

Dealer's City JACKSONVILLE

State FL

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code 030000 SERVICE BRAKES, HYDRAULIC

AUTO

Cruise Control

V-8

Multiple Failure: 12

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 24 APR 03 5 MAY 03
Failure Mileage 20127 20246
Failure Speed 45 MPH 35 MPH
LOSS OF BRAKE CONTROL
LOSS OF BRAKE CONTROL

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: DOTMALSABC0361)

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).

WHEN THE CONSUMER ATTEMPTED TO APPLY THE BRAKES, THE VEHICLE LOST ALL BRAKING ABILITY. *JB

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)

While driving my 1992 Cadillac the brakes failed to stop the vehicle. This has happened twice. This has also happened to my friends with the same vehicle. I believe it to be a recall issue.

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, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

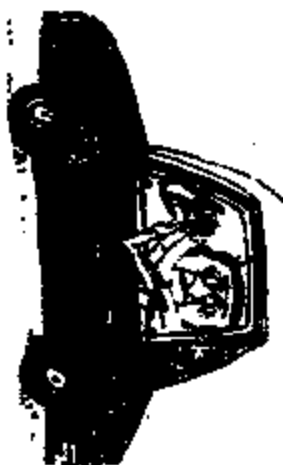
DASH2DOT

and dial toll free at

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1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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