



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 1367

Date Received
2003 JUN -3 AM 10:20
08 MAY 2003

Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City CINCINNATI State OH Zip Code [Redacted]

Daytime Telephone Number [Redacted]
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?
In the absence of an Signature of Owner [Redacted] name or address to the vehicle manufacturer. YES NO
Date 5/27/2003

VEHICLE INFORMATION

Make CADILLAC Model DEVILLE Model Year 1998
Date Purchased 7/28/99 Dealer's Name and Telephone Number Jeff Nyker Fairfield, Inc.
Original Owner Dealer's City Fairfield State OH Zip Code 45014
Engine: No. Cylinders 8 Fuel Type: Gasoline
Transmission Type Auto Antilock Brakes Cruise Control Powertrain FWD
Vehicle Component Code 121100 EXTERIOR LIGHTING-HEADLIGHTS-CONCEALMENT DEVICES
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) Failure Mileage 33000 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: DOTM15ABC036) 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).

THE HEAD LIGHT LENS FELL OFF UNKNOWINGLY, WHICH RESULTED IN THE BULB BLOWING OUT. *JB

Company replaced headlight at no cost to owner.

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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.