



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 100161

Date Received

09-JUL-2003

Repository

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2003 AUG -7 PH 3 25

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: BAYE State: VA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer or your vehicle?
In the absence of a signature or name or address to the vehicle manufacturer. YES NO
Signature of Owner: [Redacted] Date: 7/15/03

VEHICLE INFORMATION

Make: CADILLAC Model: BROUGHAM Model Year: 1994
Date Purchased: [Redacted] Dealer's Name and Telephone Number: ED MORSE CADILLAC
Engine: No: Cylinders: 8 Fuel Type: Reg
Original Owner: Dealer's City: FT. LAUDERDALE State: FL Zip Code: 33304
Transmission Type: Auto Antilock Brakes: Powertrain: [Redacted] Vehicle Component Code: B20000 SUSPENSION
Cruise Control: Multiple Failure: 1 YES

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): RANDOM Failure Mileage: ON GOING Failure Speed: VARIOUS

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: DOTM15ABC036): [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).

FOR VERY BRIEF PERIODS VEHICLE LOSES STEERING AND JERKS. THE VEHICLE WAS TAKEN TO THE DEALER IN MAY 2003. DEALER ATTEMPTED TO REPAIR THE VEHICLE, BUT THE PROBLEM STILL OCCURS. *AK

TOTAL LOSS OF CONTROL FOR A SPLIT SECOND OR TWO - THEN SYSTEM RE-ENGAGES

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

The Privacy Act of 1974 (Public Law 93-502) 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.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**