



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 AUG -1
09-JUL-2003

Repository
PH 12:16
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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: SAN JOSE State: CA Zip Code: [REDACTED]

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

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: 1/1/

VEHICLE INFORMATION

| | | | | |
|--|--|-------------------------------|--|------------------------|
| [REDACTED] | | Make: CADILLAC | Model: SEVILLE | Model Year: 1995 |
| Date Purchased: 9-6-98 | Dealer's Name and Telephone Number: ST. CLAIR CADILLAC (408) 244-1000 | | Engine: V-8 No. Cylinders: 8 | Fuel Type: GHS PREMIUM |
| Original Owner: <input type="checkbox"/> | Dealer's City: SAN JOSE, CA | State: | Zip Code: | |
| Transmission Type: AUTO | <input checked="" type="checkbox"/> Anti-lock Brakes <input checked="" type="checkbox"/> Cruise Control | Powertrain: FRONT WHEEL DRIVE | Vehicle Component Code: 171132J8 073100 FUEL SYSTEM, GASOLINE; FUEL INJECTION SYSTEM; FUEL RA | |
| Multiple Failures: 1 | | | | |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-------------------------------|-------------------------|------------------|------------|
| Incident Date(s): 05-JUL-2003 | Failure Mileage: 62,890 | Failure Speed: 0 | FUEL RAIL. |
|-------------------------------|-------------------------|------------------|------------|

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: D0THM3ABC036) | <input type="checkbox"/> Original Equipment <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).

WHILE DRIVING CONSUMER SMELLED FUEL. FUEL RAIL DEVELOPED A LEAK, AND THE FUEL LEAKED ALL OVER THE ENGINE COMPARTMENT. *AK

I AM ENCLOSED A COPY OF THE DEALER'S WORK SHEET & INVOICE

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 a authority vested in the National Highway Traffic Safety Administration 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)

THE FUEL RAIL CROSS OVER PIPE BETWEEN THE FUEL INJECTORS DEVELOPED A PRESSURE FUEL LEAK. AS A RESULT FUEL SPRAYED ONTO THE EXHAUST. I TELEPHONED GM ABOUT THE PROBLEM. THE CLAIMED THEY HAD NO RECORD OF A PROBLEM WITH THE FUEL RAIL. WHEN I PICKED UP MY CAR FROM THE DEALER, I SAW THEY HAD NOT INSTALLED THE TOP HALF OF THE PART. ACCORDING TO THE DEALER GM HAD CHANGED THE PART ALLEGEDLY BECAUSE THEY WERE HAVING PROBLEMS WITH THE FUEL RAIL.

IF MY WIFE HAD NOT SMELLED THE LEAKING GAS THERE WOULD HAVE BEEN AN EXPLOSION AND ENGINE FIRE. THE RESULTING EXPLOSION AND FIRE WOULD HAVE POSSIBLY INJURED MY WIFE AND MOST CERTAINLY DESTROYED THE CAR.

I HAVE RETAINED THE PART.

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



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



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DOT AUTO SAFETY HOTLINE

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COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at:

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1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



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<http://www.safercar.gov>

**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).**