



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 100184

Date Received  
2003 SEP 23 11 17 52

Repository

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Reference No.

10034388

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: SEQUIM State: WA 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: \_\_\_/\_\_\_/\_\_\_

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G8KD54Y1YU210933  
Make: CADILLAC Model: DEVILLE Model Year: 2000

Date Purchased: MAR 2000 Dealer's Name and Telephone Number: RESIDENTIA AUTO MALL  
Engine: No: Cylinders: V8 Fuel Type: 87

Original Owner:  Dealer's City: Port Angeles, WA State: WA Zip Code: 98342

Transmission Type: AUTO Antilock Brakes:  Powertrain: FRONT WHEEL DRIVE  
Cruise Control:  Vehicle Component Code: 061000 ENGINE AND ENGINE COOLING:ENGINE  
Multiple Failures: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 03-10-2003, MAY 2000 Failure Mileage: 45000, 2500 Failure Speed: VARIED \* OVER A 6-MO PERIOD

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: DOTM19ABC036)  Original Equipment  Prior Repair Failure Location: \_\_\_\_\_

Tire Component Code: \_\_\_\_\_ The 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: 0 Number of Deaths: 0 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).

VEHICLE STALLED ON HIGHWAY FIVE (5) TIMES OVER THREE YEARS REGARDLESS OF SPEED. DEALER INFORMED CONSUMER THAT CRANKSHAFT SENSOR NEEDED REPLACEMENT. \*AK Dealer still working as incorrect in about sensor being the problem - 9/9/03 - pistons & rings cleaned of any carbon & removed valve starter - replaced w/ c. parwell - no test drove and car seems to run ok

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 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.