



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

FDR AGENCY USE ONLY 120

Date Received: 2003 OCT 12 PM 2:10
11-SEP-2003
Repository
Reference No. 10039818

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: SCOTTSDALE State: AZ Zip Code: [Redacted]

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

Do you authorize NHTSA to contact the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 9/25/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G6KD54Y2YU344964
Make: CADILLAC Model: DEVILLE Model Year: 2000
Date Purchased: 8-24-2000 Dealer's Name and Telephone Number: Legends Cadillac 480 483-4000
Original Owner: Dealer's Name: Scottsdale State: AZ Zip Code: 85260
Engine: No. Cylinders: 8 Fuel Type: Gas
Transmission Type: Auto Antilock Brakes Powertrain: Cruise Control
Vehicle Component Code: 061000 ENGINE AND ENGINE COOLING:ENGINE
Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 11-SEP-2003 Failure Mileage: Failure Speed:
SEE ATTACHED INVOICES.

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), 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 (e.g. parts repaired or replaced (and if old part is available)).

CONSUMER STATED THAT WHILE DRIVING VEHICLE IT CUT OFF. THIS HAPPENED TO 4 TIMES, AND EACH TIME CONSUMER TOOK VEHICLE TO DEALER/MECHANIC, THEY COULD NOT DUPLICATE THE PROBLEM, SO NOTHING WAS EVER REPAIRED. ONCE VEHICLE CUT OFF SHE LOST ALL THE POWER AND COULD NOT STEER VEHICLE TO SAFETY. *AK

Have an 8 1/2 yr old daughter and am concerned this could happen again with her in the car at the most inopportune time. Thank you for your help.

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.

**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).**