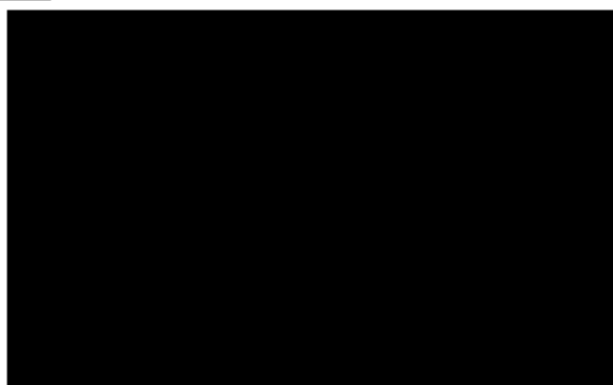


SENT 11-9

 DOT Auto Safety Hotline Vehicle Owner Questionnaire To Report Safety Defects 1-800-4-A-SAFETY (1-800-427-4336) INTERNET: www.safercar.gov/hotline			FOR AGENCY USE ONLY 100184	
OWNER INFORMATION (Type or Print) Name: [REDACTED] Address: [REDACTED] City: BOCA RATON State: FL Zip Code: [REDACTED]			Date Received: 2004-558-10 Registry: ☐ Reference No.: 10040343 Daytime Telephone Number: [REDACTED] Evening Telephone Number: [REDACTED]	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO In the absence of an authorized signature, this report will be treated as a consumer complaint. Date: 11/27/03 Signature of Owner: [REDACTED]				
17 digit Vehicle Identification Number Located at bottom of dashboard on driver's side 16GV5 [REDACTED]			Make: CADILLAC Model: ALLANTE Model Year: 1993 Engine: No. Cylinders: 8 Fuel Type: GAS	
Date Purchased: 0 Dealer's Name and Telephone Number: EUROPEAN AUTO SPECIALTY Original Owner: [REDACTED] Dealer's City: HAVANA, FL State: FL Zip Code: 33126			Vehicle Component Code: 12000 EXTERIOR LIGHTING/TURN SIGNAL Multiple Failures: 1	
Transmission Type: ☒ Automatic ☐ Manual Powertrain: ☒ Cruise Control ☐ Other: FRM WHEEL				
FAILED COMPONENT(S) INFORMATION Incident Date(s): 3-5-99-2002 Failure Mileage: 44000 Failure Speed: CONSTANT - CAN'T SEE SIGN + LIGHT DASH DAYMETER, CAN'T HEAR SIGNAL				
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE Tire Model: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): 6.5/15 DOT No. (Example: DOTPA15ABC038): [REDACTED] Original Equipment: ☒ Aftermarket: ☐ 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 Report: [REDACTED] Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]				
APPLICABLE INCIDENT INFORMATION Please describe in detail the incident(s), failure(s), condition(s) and injury(s). Crash: ☐ Yes ☒ No Fire: ☐ Yes ☒ No Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: N Narrative Description of Incident(s), Condition(s), and Injury(s): 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 not parts, in available). WHEN THE SIGNAL LIGHTS ARE TURNED ON THEY CAN BE SEEN EXTERNALLY; BUT, CANNOT BE DETECTED ON THE INSIDE OF VEHICLE. DASH INDICATOR LIGHTS IS TOO FAINT TO BE SEEN BY THE CONSUMER NOR CAN THE TELL-TELL CLICKING INDICATOR BE HEARD. AT NIGHT DASH INDICATOR IS VISIBLE. THE CONSUMER OWNS TWO VEHICLES THAT ARE IDENTICAL IN MAKE/MODEL AND YEAR, AND BOTH ARE EXPERIENCING THE SAME PROBLEM. *AK				
1-8 WHAT IS STATUS? THANK YOU +				
Include, if available: Police/Police Department Report, Photos, and Repair Invoice This Federal Act of 1974-1975 (16 USC 1405) provides for the collection of information for the purpose of conducting research and for the purpose of conducting research and for the purpose of conducting research. The act provides for the collection of information for the purpose of conducting research and for the purpose of conducting research. The act provides for the collection of information for the purpose of conducting research and for the purpose of conducting research.				

 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 (1-888-327-6235) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 109394	
OWNER INFORMATION (Type or Print)		Date Received 24-SEP-2003		Expedient ☐	
Name		Daytime Telephone Number		Reference No. 100-405310	
Address		Evening Telephone Number		E-mail Address	
City BOCA RATON State FL Zip Code		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 11/1/03			
VEHICLE INFORMATION					
17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GBW33911P125472		Make CADILLAC		Model ALLANTE	
Date Purchased 9-12-03		Dealer's Name and Telephone Number CHARLES P. HALLER		Model Year 1993	
Original Owner ☐		Dealer's City BOCA RATON, FL State FL Zip Code 33437		Engine: No. Cylinders 8 Fuel Type: GAS	
Transmission Type AUTO		Powertrain FRONT WHEEL DRIVE		Vehicle Component Code 126000 EXTERIOR LIGHTING/TURN SIGNAL	
☒ Anti-lock Brakes		☒ Cruise Control		Multiple Failure: 1	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 25-SEP-2002		Failure Mileage 22000		Failure Speed - CONSTANT - CAN'T SEE SIGNAL LIGHT	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15) 6.5-15	
DOT No. (Example: DOTM1A8AC036)		☐ Original Equipment ☒ Prior Repair		Failure Location:	
Tire Component Code		Tire Failure Type		Signature	
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, failure, complaint and injury.)			
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(es). 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).	
WHEN THE SIGNAL LIGHTS ARE TURNED ON IN THE VEHICLE THEY CAN BE SEEN EXTERNALLY, BUT CAN NOT BE DETECTED INTERNALLY. THE DASH INDICATOR LIGHT IS TOO FAINT TO BE SEEN NOR CAN THE CLICKING SOUND BE HEARD. AT NIGHT THE DASH INDICATOR IS VISIBLE. THE CONSUMER OWNS TWO VEHICLES THAT ARE IDENTICAL IN MAKE, MODEL AND YEAR AND BOTH ARE EXPERIENCING THE SAME PROBLEM.					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. ATTACH ADDITIONAL SHEETS IF NECESSARY.					
The Federal Act of 1974-1975 (49 USC 322-324) provides that information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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 recall is warranted. Should the NHTSA determine a recall is warranted, it will inform you. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your responses, or a copy thereof, may be used in support of the agency's action.					

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)



ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration400 Seventh St., S.W.
Washington, D.C. 20590Official Business
Penalty for Private Use \$300**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 75175 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 20590NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

2004 VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON**DASH2DOT**

and dial toll free at

1-888-DASH-2-DOT
1-888-327-4230DOT Auto Safety Mailbox
(DASH) 2 DOTU.S. Department of Transportation
National Highway Traffic Safety
Administration
My driver's license is protected