



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

FQR AGENCY USE ONLY 10078

Date Received

2004 JAN 12
04-NOV-2003

Repository

Reference No.
10046304

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: PALM CITY State: FL Zip Code: [Redacted]

Daytime Telephone Number

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
1G6K554Y3[Redacted]
Make: CADILLAC Model: SEVILLE Model Year: 2000
Date Purchased: _____ Dealer's Name and Telephone Number: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Engine: No. Cylinders: 8 Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 082000 ENGINE AND ENGINE COOLING: COOLING SYSTEM
Multiple Failures: 1 2 2002 + 2003

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 04-NOV-2003 Failure Mileage: 44000 Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/85R15): _____
DOT No. (Example: DOTM1A8ABC038) 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), crash(es), 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, i.e. parts repaired or replaced (and if old part is available).

VEHICLE STALLED INTERMITTENTLY WHILE DRIVING. VEHICLE WAS TAKEN TO THE DEALER. DEALER FOUND THAT CRANK SHAFT SENSOR NEEDED TO BE REPLACED. *AK

THIS HAPPENED ALSO, IN 2002 AT THAT TIME THE SENSORS WERE REPLACED

Include, if available, Police/Fire Department Report, Photos, and Repair Invoices.

