



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 1387

Date Received  
2004 FEB 24 AM 10:28  
14-JAN-2004

Repository   
Reference No.  
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OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: HOLLAND State: MI Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [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 a signature or address to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: 2/5/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G8KY5480 [Redacted]  
Make: CADILLAC Model: SEVILLE Model Year: 2001  
Date Purchased: 8-01 Dealer's Name and Telephone Number: Crown Motors  
Original Owner: 2nd  Dealer's City: Holland State: MI Zip Code: 49423 Engine: 8 Fuel Type: G  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control Powertrain: Front Wheel  
Vehicle Component Code: 036000 SERVICE BRAKES, HYDRAULIC; ANTILOCK  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 24-DEC-2003 Failure Mileage: 33000 Failure Speed: 20

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]  
DOT No. (Example: DOTM1A19ABC036)  Original Equipment  Prior Repair 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 System: [Redacted]  
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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: [Redacted] Number of Deaths: [Redacted] Reported to Police: Y

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).

ANTI LOCK BRAKES LOCKED WHEN THE BRAKE PEDAL WAS DEPRESSED ON A WET SNOWY ROAD AT 20 MPH. AS RESULT, VEHICLE HIT A CURB.  
\*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
The Privacy Act of 1974 (Public Law 93-579) 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.