

 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 1001B1 Date Received 2004 APR - 1 25-FEB-2004		Repository <input type="checkbox"/> Reference No. 10059786
	OWNER INFORMATION (Type or Print) Name: [REDACTED] Address: [REDACTED] City: BELLEVILLE State: NJ Zip Code: [REDACTED]			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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner: _____ Date: 2/25/04					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G6CD6330L4 [REDACTED]		Make CADILLAC	Model DEVILLE	Model Year 1993	
Date Purchased July 03	Dealer's Name and Telephone Number PRIVATE SALE		Engine: No. Cylinders 8	Fuel Type: Premium Gas	
Original Owner <input type="checkbox"/>	Dealer's City [REDACTED]	State NJ	Zip Code [REDACTED]		
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain [REDACTED]	Vehicle Component Code 1B2700 STRUCTURE:BODY:TRUNK LID Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 25-FEB-2004	Failure Mileage 111000	Failure Speed [REDACTED]			
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: D0TMAL9ABC036) [REDACTED]	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	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).					
THE TRUNK LID SHUT AND LOCKED WITH CONSUMER'S HAND STUCK IN IT. A NEIGHBOR HAD TO PRY OPEN THE TRUNK WITH A TIRE IRON. THE CAUSE OF THE PROBLEM HAD NOT BEEN DETERMINED. *AK <i>TRUNK LID WAS FROZEN SHUT. LOCK ONLY RELEASED LID HADN'T TRAPPED WHEN LOCK SENTING WAS BECAUSE HAND (FINGERS) UNDER LIP OF LID --- LOCK SENTING WAS MIA ALIGNED (TEMP APPROX 25°) LOCK WOULD NOT RELEASE</i>					
Duplicated THIS NEXT DAY WITH BLOCK OF WOOD BUT TEMP 40° + Lock DID NOT RELEASE					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY					

LOOK MOTOR

SUSPECT: ICING AROUND TRUNK CONTRIBUTED TO FAILURE TO RE-OPEN & RE-RELEASE TRUNK HAS MOTOR LOCKING SYSTEM

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

EVEN THO UGH KEY WAS TURNED IN LOCK;
LOCK WAS NOT OPEN
AC (GATED) I BELIEVE MISALIGNMENT (TEMPERED FINGERS)
CAUSED LOCK TO STICK SHUT
COULDN'T HEAR ELECTRIC MOTOR ENGAGE
BECAUSE OF OVERHEAD CASCADING FEET
W/ LIGHT MASKED THIS MOTOR NOISE

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NHTL 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 20590



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

1-800-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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http://www.nhtsa.gov/odjpe/