



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 100078

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OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City HOBE SOUND State FL 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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

17 digit vehicle identification number located at bottom of windshield on driver's side: 3GVEK63N12G33786D
Model: CADILLAC Model Year: 2002
Date Purchased: _____ Dealer's Name and Telephone Number: _____
Engine: _____ Fuel Type: Gas
No. of Cylinders: _____
Original Owner Dealer's City: _____ State: _____ Zip Code: _____
Transmission Type: AUTOMATIC
 Antilock Brakes Cruise Control
Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 182510 STRUCTURE:BODY:TAILGATE:HINGE AND ATTACHMENTS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-MAR-2004
Failure Mileage: 21000
Failure Speed: _____

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: DOTM189ABC036) 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, fatality, 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).

~~WHILE DRIVING CONSUMER HEARD NOISE COMING THROUGH THE TAILGATE AND FOUND THE STRAP ASSEMBLY BROKE ON BOTH SIDES. DEALERSHIP NOTIFIED - AW~~

BEFORE The rear tailgate had fallen several times w/o warning while driving. I took it to dealership for repair. One day while standing on rear tailgate while unloading items from bed of truck, the right tailgate cable snapped in two, causing me to lose balance and fall from truck. I reported problem to dealership if they repaired the broken cable but refused to repair/replace the other cable. They say they have no notice of a recall.

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.

recall seen though I showed them a N.Y. Times article discussing recall for this defect.