



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 252

Date Received

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02-MAR-2004

Repository

Reference No.
10061205

OWNER INFORMATION (Type or Print)

Name

Address

City FAYETTEVILLE

State NC

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to send the information you provide to the manufacturer of your vehicle? YES NO
or address to the vehicle manufacturer.

Signature of Owner

Date 4/16/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G8KD64Y4WU173882T

Make

CADILLAC

Model

DEVILLE

Model Year

1998

Date Purchased

03/20/01

Dealer's Name and Telephone Number

MC BRAYER CHEVROLET Plymouth Dodge Jeep

Engine:

No. Cylinders

8

Fuel Type:

Platinum Gasoline

Original Owner

NO

Dealer's City

ABERDEEN, NC 28315

State

NC

Zip Code

Transmission Type

Automatic

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

121000 EXTERIOR LIGHTING: HEADLIGHTS

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

02-MAR-2004

Failure Mileage

65/68

Failure Speed

GLASS CRACK CAME, DISINTEGRATED FROM HEADLIGHT PASSING TO THE GROUND COMING INTO CONTACT WITH MY VEHICLE AND OTHER VEHICLE BEHIND ME SUCH AS IS WHEELBAR + CAR CAUSE TO GO TO 55 MPH TO TRY AND MISS THE OBJECT

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: DOTM16ABC036)

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

0

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).

HEADLIGHT LENS CAME OFF WHILE DRIVING. CONSUMER TOOK THE VEHICLE TO DEALER FOR INSPECTION, AND MECHANIC INFORMED THE CONSUMER THAT PASSENGER'S SIDE LENS WAS REPLACED DUE TO A RECALL A YEAR AGO. BUT, DRIVER'S SIDE WAS NOT ON RECALL. *AK
~~THIS STATEMENT IS INCORRECT.~~

I SAID THE DRIVER'S SIDE HEADLIGHT LENS CAME OFF A YEAR AGO AND MY INSURANCE COMPANY PAID FOR THE REPAIR UNDER THE COMPREHENSIVE PORTION OF MY INSURANCE. COMPANY STATEMENT THIS TIME IT IS THE PASSENGER OF THE VEHICLE AND STATE FARM WANT TO PAY, SAYING THAT IS A FACTORY FAILURE DUE TO IT COMING APART FROM THE HEADLAMP. I ASKED BODY SHOP MAN THE FIRST TIME AND THIS TIME ABOUT THIS HAPPENING AND HE SAID YES DENIAL. SO THIS IS WHERE I STAND NOW THE INSURANCE DONT WANT TO PAY AND CADILLAC DONT WANT TO PAY. DATE IT HAPPEN 2/20/04 MILEAGE 16392

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

This Privacy Act of 1974, Public Law 93-502. 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.