



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 1367

Date Received
14-MAY-2004

Repository
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OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City TAYLORS State SC Zip Code [Redacted]

Dealer Telephone Number [Redacted]
E-mail Address [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
1G6KD64Y9WJ785659

Make CADILLAC Model DEVILLE Model Year 1988

Date Purchased Sept-2003 Dealer's Name and Telephone Number BENSON-CHRYSLER 864-877-8161 Engine: No: Cylinders 8 Fuel Type: premium fuel

Original Owner Dealer's City GREEN State SC Zip Code 29652

Transmission Type Auto Antilock Brakes Powertrain Jee Cruise Control

Vehicle Component Code 121000 EXTERIOR LIGHTING: HEADLIGHTS
Multiple Failure: 1 + 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 03-MAY-2004 Failure Mileage 64000 Failure Speed 65-70
Left side shield right cover cracked also. Right side had to act duct tape on.

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: DOTM18ABC038) Original Equipment Prior Repair Failure Location: _____
Tire Component Code _____ The 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 _____

Narrative Description of Incident(s): Crash(es) and Injury(ies):
Please describe (1) event 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 RIGHT HEADLIGHT LENS FELL OFF UNNOTICED WHILE DRIVING, AND THE LEFT HEADLIGHT LENS WAS LOST. INSURANCE INSPECTOR INDICATED THAT THE LENSES HAD A FACTORY DEFECT. *AK

HAD TO USE DUCT TAPE ON RIGHT HEAD LIGHT TO KEEP IN PLACE
NOTHING DONE ABOUT FIXING CAR yet.

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