



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  
(1-888-327-4238)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100216

Date Received <b>2000 AUG 20 PM 7:58</b>	Repository <input type="checkbox"/>
Reference No. <b>10073903</b>	

**OWNER INFORMATION (Type or Print)**

Name				Daytime Telephone Number	E-mail Address
Address					
City	GOODLETTSVILLE	State	TN	Zip Code	

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   /  /  

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side <b>1G6EL12Y2L</b>	Make <b>CADILLAC</b>	Model <b>ELDORADO</b>	Model Year <b>1998</b>
Date Purchased	Dealer's Name and Telephone Number <b>Cumberland 615 444 5777</b>	Engine: No. Cylinders <b>8</b>	Fuel Type: <b>Gas</b>
Original Owner <input checked="" type="checkbox"/> YES	Dealer's City <b>Lebanon</b>	State <b>TN</b>	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code <b>OR1000 ENGINE AND ENGINE COOLING:ENGINE</b>	
Multiple Failure: <b>1</b>			

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)	Failure Mileage <b>65000</b>	Failure Speed	
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**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R16)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Deaths <b>0</b>	Reported to Police <b>N</b>
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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 VEHICLE WAS PARKED CONSUMER NOTICED THAT OIL WAS LEAKING FROM UNDERNEATH THE VEHICLE. CONSUMER DROVE THE VEHICLE TO THE DEALER FOR INSPECTION, AND MECHANIC DETERMINED THAT ENGINE NEEDED TO BE REPLACED DUE TO A BLOWN HEAD GASKET.

*Called and Replace Oil Pan Gasket  
\$2400.00 - Oil Gets on exhaust and  
Smokes when Stopped - I Fear a fire from  
oil getting on exhaust. Need to Be fixed at No Cost*

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

The 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.