



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 1387

Date Received

2004 JUN -6 PM

Repository

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Reference No.
10075525

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: MOUNT PROSPECT State: IL Zip Code: [REDACTED]

Daytime 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 explicit action, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 6/16/2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G6KS52Y7S [REDACTED]
Make: CADILLAC Model: SEVILLE Model Year: 1995
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: PURCHASED FROM BROTHER ART HERZIG
Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Engine: No. Cylinders: 8 Fuel Type: UNLEADED PREMIUM
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 07Z200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, . . . Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 05-MAY-2004 Failure Mileage: 113548 Failure Speed: [REDACTED]
CRACK ON INNER TUBING CAUSING GAS TO BUILD UP ON ENGINE BLOCK

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: DOT1MALBABC036) Original Equipment 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: Yes No Fire: Yes No
Number of Persons Injured: [REDACTED] Number of Deaths: [REDACTED] 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 THERE WAS A GAS ODOR INSIDE THE CABIN OF THE VEHICLE. CONSUMER TOOK VEHICLE TO A MECHANIC, WHO DETERMINED THAT THERE WAS A CRACK INNER TUBING WHICH CAUSED A LEAK. THERE WAS 2 GALLONS OF GAS UNDERNEATH THE ENGINE COVER. RECALL 04V11000 WAS ISSUED ON THIS PROBLEM, BUT THIS VEHICLE WAS NOT INVOLVED IN THE RECALL DUE TO VIN. *AK

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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

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

I AM ENCLOSED THE BILL FOR REPAIR FROM CADILLAC DEALER WHO INFORMED ME IF I HAVE A RECALL SLIP THEY WILL REIMBURSE ME FOR THE REPAIR THEY PERFORMED ANY HELP WOULD BE GREATLY APPRECIATED
THANK YOU IN ADVANCE

[REDACTED]

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. 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 NATL. 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



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COMPLETE THIS FORM
ON

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and dial toll free at

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(DASH) & DOT



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**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**