



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 100145

Date Received
2004 08 15 24 11: 18
31-AUG-2004

Repository

Reference No.
10090145

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: WEST JEFFERSON State: OH 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date: 8/15/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G6KS52Y85U [Redacted]
Make: CADILLAC Model: SEVILLE Model Year: 1995
Date Purchased: 02/20/00 Dealer's Name and Telephone Number: CRESTVIEW CADILLAC, INC.
Original Owner: Dealer's City: DUBLIN State: OH Zip Code: 43017
Engine: No. Cylinders: Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: _____
Vehicle Component Code: 073100 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:FUEL RA
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 31-AUG-2003 Failure Mileage: 170000 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: DOTM19ABC036): _____ 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).

CONSUMER STATED THE FUEL RAIL LEAKED. *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 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.

September 20, 2004

Congresswoman Deborah Pryce
500 S. Front St. 11th Floor
Columbus, Ohio 43215

Re: NHTSA and General Motors

Dear Congresswoman Pryce:

General Motors, via phone, says that it does not have to reimburse me for a defective fuel rail part on my Cadillac because I did not keep the receipt for proof of purchase!

I did go to the Cadillac dealer and MR. GOODWRENCH did inspect the fuel rail and reported that the old fuel rail had been replaced. I am asking for reimbursement without a receipt for the claim against General Motors.


A General Motors representative stated that NHTSA allows them "not to pay for the defective part if there is no receipt."

Was this the intent of Congress?

May I hear from you?

Sincerely yours,


West Jefferson, Ohio 


Enclosures Too!

cc: NHTSA