



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
2004 SEP 27
01-SEP-2004

Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: ELK GROVE State: CA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening 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: 1G6KD54Y41U [Redacted]
Make: CADILLAC Model: DEVILLE Model Year: 2001
Date Purchased: _____ Dealer's Name and Telephone Number: Hubacher Cadillac 916-929-2177
Original Owner: Dealer's City: Sacramento State: CA Zip Code: 95825
Engine: No: Cylinders 8 Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 060000 ENGINE AND ENGINE COOLING
Multiple Failure: 7

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-SEP-2004 Failure Mileage: 79,199 Failure Speed: 65

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: DOTM19AB033): _____ 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).

~~WHILE DRIVING VEHICLE STALLED. CONSUMER RESTARTED VEHICLE, APPLIED THE BRAKES, AND THE VEHICLE STOPPED ON THE FLOOR. VEHICLE SHUT DOWN. CONSUMER HAD THE VEHICLE TOWED TO THE DEALER FOR INSPECTION. A MECHANIC DETERMINED THAT THE CRANK SHAFT SENSOR NEEDED TO BE REPLACED. *AK~~
ON several different occasions the engine would die as I stopped at intersections. Also while driving it would jerk as the engine would die for about 1 or 2 seconds then pickup and run ok. it became hard to start. I took it to dealer for repair, they said it was the CRANK SHAFT SENSOR. They replaced 2 of them @ \$435.44.

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 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.

When engine dies there IS NOT ANY power brake or steering creating a dangerous condition!!