



U.S. Department of Transportation  
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects  
1-888-486-4800  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1988

Date Received

Repository

02-SEP-2004

Reference No.  
10090312

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: HOUSTON State: TX Zip Code: [Redacted]

Daytime Telephone Number

E-mail Address

Do you authorize the use of this report to the manufacturer of your vehicle?  
In the absence of a signature, NHTSA WILL NOT provide your name or address to the manufacturer.  
Signature of Owner: [Redacted] Date: 9/2/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield: 1G4EK63N62K  
Make: FORD CADILLAC  
Model: ESCALADE  
Model Year: 2002  
Engine: ESCALADE 4  
Fuel Type: Premium  
Date Purchased: 10/09/01  
Dealer's Name and Telephone Number: MCSINNIS CADILLAC 281-496-8755  
Dealer's City: HOUSTON  
Transmission Type: AUTO  
Antilock Brakes:   
Cruise Control:   
Powertrain: 6.0 liter V8  
Vehicle Component Code: 036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK  
Multiple Failure: 1 (2)

CADILLAC  
ESCALADE  
4 Door  
AWD

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 9/2/04  
Failure Mileage: 1466  
Failure Speed: 25  
Failure Description: Noise, Pump & Booster

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: DOTM18ABC036): [Redacted] Original Equipment:  Prior Recar:  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: 1 Number of Deaths: 0 Reported to Police: Y

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).

WHEN BRAKING AT 25 MPH BRAKES FAILED, CAUSING EXTENDED STOPPING DISTANCE. THIS CAUSED A COLLISION. CONSUMER SUSTAINED INJURIES. VEHICLE WAS TOWED. YAK

(See original documents) chad with attorney General State of Texas  
Letter attached ANY (2) (2)  
Please, please, please, please, please

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.

FAX# 409-755-6796

WATERBURY - JIM  
FN INVESTIGATIONS  
INC.

LUMBERTON  
TEXAS 77657  
705 KIMSKORD #409-755-6788  
Telephone