



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 1001B2

Date Received
2004 NOV 17 PM 3:55
28-OCT-2004

Repository
Reference No.
10097719

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: MERRITT ISLAND State: FL Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address:
Evening Telephone Number:

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: [REDACTED] Date: 11/20/2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GBKS54Y4L [REDACTED]
Make: CADILLAC Model: SEVILLE Model Year: 2000
Date Purchased: 7-6-2001 Dealer's Name and Telephone Number: Steele GM
Engine: No: Cylinders: Fuel Type: Gas
Original Owner: Dealer's City: Cocoa, FL State: FL Zip Code:
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 121000 EXTERIOR LIGHTING: HEADLIGHTS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 15-JUL-2004 Failure Mileage: 20000 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: DOTMALSABC036) 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: Number of Deaths: 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).

VEHICLE EXPERIENCED CONDENSATION ON THE FRONT AND REAR LIGHTS. CONSUMER TOOK THE VEHICLE TO THE DEALER, THEY CHANGED THE BULBS. HOWEVER, THE REASON FOR THE CONDENSATION BUILD UP WAS NOT RESOLVED. *AK

2 inches of water accumulated in rear lights, completely shorting electrical system. No brake lights
Front lens clouded from condensation, limiting light projection
Bulbs replaced 18 times - go out when it rains or car sets out of garage.

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.