



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 DEC 21
22-NOV-2004

Repository

Reference No. 1
10101526

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City BAKERSFIELD State CA Zip Code _____

Daytime Telephone Number

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 _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G6KDS4Y1YU

Make CADELLAC Model DEVILLE Model Year 2000

Date Purchased _____ Dealer's Name and Telephone Number CASTRO MOTORS - 626-201-1234 Engine: No. Cylinders 8 Fuel Type: Gas

Original Owner Dealer's City 824 E. Broadway, Gabriel, CA. State CA Zip Code 91716

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-NOV-2004 Failure Mileage _____ Failure Speed _____
power steering system - pressure hose split. Fluid leak out.

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: DOTM1A9ABC036) 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), condition(s), 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) the failure and all consequences, and (3) what was done to correct the failure, (4) parts repaired or replaced (and if old part is available).

THE CONSUMER NOTICED THAT WHEN THE VEHICLE WAS ON A FLAT SURFACE IT WOULD NOT LEAK FLUID, BUT IF THE VEHICLE WAS ON AN INCLINE THE VEHICLE WOULD LEAK FLUID FROM UNDERNEATH THE VEHICLE. THE CONSUMER CONTACTED A DEALER FOR AN APPOINTMENT. THE MECHANIC INFORMED THE CONSUMER THAT THE PRESSURE AND RETURN LINE HOSE NEEDED REPLACEMENT. PLEASE FILL IN ADDITIONAL INFORMATION. *JB
(Bakersfield, CA 93309) 3 way Cadillac - 3800 California Ave - 661-283-2435 (P. per 9/09)
I was told by man was to be owner that line was replace before car was sold to me as new owner, also have not been able to get history owner believe to be said. cost to get this done cost me about 2700 plus check Eg. life is over now and car back in shop as of 12-8-04. 113 owner said Castro Motors could get history for me. I can not say owner have to or 3 way back to front

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.