



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 1220

Date Received

2005 JAN
23-NOV-2004

Repository

Reference No. 11: 32
10101584

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City FRANKLIN

State TN

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number Same

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO I so authorize
In the absence of an authorized signature, please print your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 12/13/04

VEHICLE INFORMATION

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

1G6KD54Y31L [REDACTED]

Make

CADILLAC

Model

DEVILLE

Model Year

2001

Date Purchased

5-21-01

Dealer's Name and Telephone Number

Crest Cadillac

Engine:

No: Cylinders 8

Fuel Type:

GAS

Original Owner

Dealer's City

Nashville

State

TN

Zip Code

37238

Transmission Type

Automatic

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

060000 ENGINE AND ENGINE COOLING

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

19-OCT-2004

Failure Mileage

41,060

Failure Speed

40 mph.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

N/A

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOT M1AL9ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

N/A

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

N/A

Number of Deaths

N/A

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, THE ENGINE COMPLETELY SHUT DOWN. THERE WAS NO WARNING. THE CONSUMER TOOK THE VEHICLE INTO A CADILLAC DEALER THE NEXT DAY. THE DEALER REPLACED AN AB CRANK SENSOR. PLEASE PROVIDE ANY FURTHER INFORMATION. *JB

Brother-in-law has 2001 Cadillac. He experienced the same motor shut-down prior to my problem. My husband took our car to our dealer and requested replacement of parts that would prevent the same experience. He was told we had to wait for the problem to present itself. Before the part(s) could be replaced.
(See enclosed work invoices for both cars.)

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.

I consider this to be an extremely dangerous situation. What if we had been traveling 70 mph on the interstate, surrounded by traffic and followed by an 18-wheel truck????

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).