



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 100182

Date Received

24-MAR-2006 APR 25 AM 7:42

Repository

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OWNER INFORMATION (Type or Print)

Name: [REDACTED]  
Address: [REDACTED]  
City: MINSTER State: OH 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 \_\_\_\_\_ Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G6KY5496YL [REDACTED]  
Make: CADILLAC Model: STS Model Year: 2000  
Date Purchased: \_\_\_\_\_ Dealer's Name and Telephone Number: \_\_\_\_\_  
Engine: No. Cylinders: \_\_\_\_\_ Fuel Type: Gas  
Original Owner:  Dealer's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control Powertrain: FRONT WHEEL DRIVE  
Vehicle Component Code: 111000 ELECTRICAL SYSTEM: BATTERY  
Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 23-MAR-2006  
Failure Mileage: 81000  
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: DOTM19A0C036)  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).

OWNER COMPLAINED ABOUT THE DESIGN OF THE BATTERY STORAGE. BATTERY IS LOCATED UNDER THE REAR PASSENGER SEAT. THE AC-DELCO BATTERY WHICH WAS INSTALLED BY THE MANUFACTURER IS LOSING ACID THROUGH ITS POSITIVE POST, CAUSING THE BATTERY TO LEAK ACID. THE ACID FUMES ARE TOXIC AND EXTREMELY FLAMMABLE. OWNER CONTACTED THE MANUFACTURER WHO WAS AWARE, BUT WAS NOT TRYING TO RECALL THESE VEHICLES. \*AK

THE DELCO BATT. NEEDS

TO BE RECALLED

Include, if available, Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-502 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.