



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: 18-APR-2004 - 6
Repository:
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OWNER INFORMATION (Type or Print)

Name: _____ Daytime Telephone Number: _____ E-mail Address: _____
Address: _____
City: PITTSBURG State: CA Zip Code: _____ Extension 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 authorized NHTSA mail NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 04/26/2005

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 1G6CD5158K
Make: CADILLAC Model: DEVILLE Model Year: 1989
Date Purchased: JUNE 1989 Dealer's Name and Telephone Number: STEAD CADILLAC (925) 957-1655 Engine: No. Cylinders: 8 Fuel Type: Gas
Original Owner: Dealer's City: WALNUT CREEK State: CA Zip Code: _____
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: _____ Vehicle Component Code: 181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL
Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 05-FEB-2004 Failure Mileage: 108,000 Failure Speed: 25

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/B5R15): _____
DOT No. (Example: DOTM1ABBC038): _____ 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: 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) 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 VEHICLE ACCELERATED, AND WENT OUT OF CONTROL. CONSUMER STATED THERE WAS SOMETHING CALLED AN ACCELERATOR MOTOR THAT MALFUNCTIONED. *AK

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 responses 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.

**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).**