



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 100148

Date Received: 05-MAY-2005 2:03 JUN -3 AM
Repository:
Reference No.: 20119940

OWNER INFORMATION (Type or Print)

Name: _____
Address: _____
City: SOUTH LYON State: MI 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: 5/11/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G6KD54Y74U
Make: CADILLAC Model: DEVILLE Model Year: 2004
Date Purchased: 18-DEC-03 Dealer's Name and Telephone Number: DON MASSEY CADILLIC 734-453-7500
Engine: No. Cylinders: 8 Fuel Type: REGULAR
Original Owner: Dealer's City: PLYMOUTH State: MI Zip Code: 48170
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: UNKNOWN
Vehicle Component Code: 051000 ENGINE AND ENGINE COOLING-ENGINE
Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 09-FEB-2005 Failure Mileage: 21013 Failure Speed: 10

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: DOTM19ABC036): _____ 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), complaint, and injury, if any.)

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).

DT: LEASED VEHICLE HAS STOPPED FOR NO REASON 3 TIMES IN TRAFFIC. NO INDICATION OF PROBLEMS, NO DASHBOARD LIGHTS LIT BEFORE VEHICLE STOPPED. THE VEHICLE JUST STOPPED DEAD COLD WITH NO WARNING. CONSUMER HAS BEEN IN CONTACT WITH DEALER 3 TIMES AND TAKEN THE CAR IN FOR SERVICE, THE DEALER COULD NOT FIX THE VEHICLE, AND THE VEHICLE HAS A VEHICLE DATA RECORDER ON BOARD. THAT STILL HAS NOT HELPED AND PROBLEM STILL HAS NOT BEEN FIXED. MADE A COMPLAINT TO THE BBB. GM CUSTOMER SERVICE AND THEY DENIED THE CONSUMER'S COMPLAINT. THE CONSUMER HAS EVERY PRINTOUT FROM THE DEALER THAT STATES THE PROBLEMS. THE CAR HAS A PATTERN OF PROBLEMS. *NM

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

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).