



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 Repository

23-JUN-2005

Reference No. 15-117-45

10126350

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: PLEASANTON State: CA Zip Code: [Redacted]
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorized signature, please provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 7/21/05 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G6KF5493YJ2 [Redacted]
Make: CADILLAC Model: DEVILLE Model Year: 2000
Date Purchased: 03-DEC-99 Dealer's Name and Telephone Number: HOBBS
Original Owner: Dealer's City: CROVILLE State: CA Zip Code: 95965
Transmission Type: AUTOMATIC Antilock Brakes: Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 061000 ENGINE AND ENGINE COOLING:ENGINE
Multiple Failure: 20

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-DEC-2003 Failure Mileage: 6089 Failure Speed: 20 MPH
01-DEC-2003 11963 20 MPH

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM15ABC036): [Redacted] Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

APPLICABLE INCIDENT INFORMATION

(Please provide incident type, fatalities, crashes, and injury (es).)
Crash: Yes No Fills: Yes No
Number of Persons Injured: [Redacted] Number of Deaths: [Redacted] 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:
CONSUMER STATES THAT THE VEHICLE STALLS AT LOW RPM'S. WHEN THIS HAPPENS THE POWER STEERING GOES OUT. THE DEALERSHIP STATES THAT IT IS CAUSED BY FAILED CRANK SENSORS A AND B. CONSUMER STATES THAT THIS HAS HAPPENED MANY TIMES AND HE HAS REPLACED THE SENSORS THREE TIMES. THE PART NUMBERS THAT REPLACED THE PARTS THE FIRST TWO TIMES WERE A 00012559529-B 00012559530 AND THE THIRD TIME THE PART NUMBER A 00012575481-B 00012575482. *JB

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).