

Encl: DVD

2005 SEP 23 AM 8:29

Add to 10134471

DVD  
Enclosed

**Cadillac Seville SLS**  
**VIN: 1G6KS52Y6** 

**General Motors**  
**Case # 1-359199015**

**Better Business Bureau**  
**Case # CAD0587465**

**National Highway Traffic Safety Administration**  
**Case # 10134471**

EVDG

EXECUTIVE SECRETARIAT

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WAK  
GJ  
9/24/05



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

Form Approved (O.M.A. No. 2127-0008)

FOR AGENCY USE ONLY 100148

Date Received 29-AUG-2005	Repository <input type="checkbox"/>
	Reference No. 10134471
Daytime Telephone Number	E-mail Address
Evening Telephone Number	

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: MURFREESBORO State: TN Zip Code: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  YES  NO  
Signature of Owner: \_\_\_\_\_ Date: / /

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G6K552Y6S [REDACTED]	Make CADILLAC	Model SEVILLE	Model Year 1995
Date Purchased 01-AUG-02	Dealer's Name and Telephone Number		Engine: No: Cylinders 8
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Fuel Type: Gas
Vehicle Component Code 081100 FUEL SYSTEM, DIESEL:STORAGE:TANK ASSEMBLY			
Multiple Failure: 1			

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 26-AUG-2005	Failure Mileage 80000	Failure Speed
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**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

The Make	The Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: D0THAL8ABC035)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
The Component Code	The 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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: THE CONTACT STATED ON 8-26-05 WHEN HE WOKE UP AND THERE WAS A STRONG SMELL OF GAS IN THE CAR. HE SAW GAS PROFUSELY LEAKING FROM THE GAS TANK. HE DID NOT SEE A HOLE. THE GAS WAS LEAKING FROM AROUND THE SEAL OF THE GAS TANK. HE HAS NOT HIT ANYTHING TO CAUSE THE LEAK. THE VEHICLE HAS NOT YET BEEN TOWED TO A SERVICE DEALER, BUT THE CONTACT PLANNED TO DO SO TODAY. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.