



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 100748

Date Received
2005 OCT -6 AM 6:00
19-SEP-2005

Repository
Reference No.
70138866

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number		E-mail Address	
Address			Evening Telephone Number			
City	State	Zip Code				

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an answer, your name or address to the vehicle manufacturer. YES NO
Signature of Owner _____ Date 9/22/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G6KY549		Make CADILLAC	Model SEVILLE	Model Year 2001
Date Purchased 28-APR-05	Dealer's Name and Telephone Number SMITH MOTORS		Engine: No: Cylinders 8	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City WAHPETON	State ND	Zip Code 58075	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 021640 SUSPENSION: FRONT: CONTROL ARM: LOWER BALL JOINT	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 12-SEP-2005	Failure Mileage 33000	Failure Speed 1 mph	
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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: DOTM18ABC038)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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

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 CALLER SAID A NUT CAME OFF THE FRONT LOWER BALL JOINT. THE CALLER'S WIFE WAS BACKING OFF OF A DRIVEWAY AND SHE HEARD A CLUNG AND WHEN SHE LOOKED THE WHEEL WAS TILTED OUT ON THE BOTTOM. VEHICLE WAS TOWED TO DEALER WHO FIXED IT. MANUFACTURER CANCELED THE \$50.00 DEDUCTIBLE. *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 responses, 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).**