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
2005 DEC 27 PM 2:46	☐
30-NOV-2005	Reference No. 10144008

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number	
City MAGNOLIA / State DE / Zip Code [redacted]		

Do you authorize NHTSA to provide a copy of this complaint to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, we cannot release your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at Bottom of windshield on driver's side	Make	Model	Model Year
1G6KD54Y55U[redacted]	CADILLAC	DEVILLE	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-SEP-05				No: Cylinders 8	Gas
Original Owner ☐	Dealer's City GRANT - EASTON	State MD	Zip Code 21601		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL – Clearance Multiple Failure: NO insufficient

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
24-OCT-2005	18000	

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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: CONTACT STATES WHEN FOOT GOES FROM THE GAS PEDAL TO THE BRAKE PEDAL THE FOOT HITS THE CONSOLE PANEL, CAUSING A DELAY IN BRAKING FOR A FRACTION OF A SECOND. THE DEALER OFFERED TO ADJUST THE PLACEMENT OF THE CONSOLE PANEL. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY