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 1:10 01-DEC-2005	Reference No. 10144121

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address [redacted]			[redacted]
City CHICAGO	State IL	Zip Co [redacted]	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES
In the absence of an au[redacted] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 12/6/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G6KD54Y05U[redacted]	CADILLAC	DEVILLE	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
05-APR-05	MURPHS MOTORS N/A			No: Cylinders 8	Gas
Original Owner [ ]	Dealer's City ~~ELGIN~~ ELGIN	State IL	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	[X] Antilock Brakes [X] Cruise Control	FRONT WHEEL DRIVE	126200 EXTERIOR LIGHTING:TURN SIGNAL:SWITCH Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
29-NOV-2005	23000		

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 [X] No	[ ] Yes [X] 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: THE CONTACT STATED WHILE DRIVING AT NIGHT APPLIED THE RIGHT TURN SIGNAL SWITCH AND EXPERIENCED TOTAL LOSS OF THE EXTERIOR HEADLIGHTS. WHEN DISENGAGING THE TURN SIGNAL SWITCH THE HEADLIGHTS CAME BACK ON. HE TESTED THIS SEVERAL TIMES, AND EACH TIME THAT HE ENGAGED THE TURN SIGNALS THE HEADLIGHTS WENT OUT, BUT WOULD COME BACK ON WHEN THE TURN SIGNAL SWITCH WAS NOT IN USE. HE TOOK THE VEHICLE TO THE DEALER. THE DEALER COULD NOT DUPLICATE THE PROBLEM. *AK

DEALER SAID EVERYTHING CHECKS OKAY, SO THEY COULD NOT REPLACE ANYTHING UNLESS THEY COULD DETECT SOMETHING.

THE LIGHTS + DIRECTIONAL HAVE NOT FAILED SINCE 11/29/05.

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