



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

2005 JAN 11 PM 12:22
15-DEC-2005

Repository ☐

Reference No.
10145296

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City HOLLYWOOD State CA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of a signature or address to the vehicle manufacturer. ☒ YES ☒ NO
Signature of Owner [REDACTED] Date 12/24/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
W06VR5 [REDACTED] Make CADILLAC Model CATERA Model Year 1997

Date Purchased
01-JAN-99

Dealer's Name and Telephone Number
CASA AUTOMOTIVE GROUP 818-981-2000

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner
☐

Dealer's City
SHERMAN OAKS

State
CA

Zip Code
91423-4912

Transmission Type
AUTOMATIC

☒ Anti-lock Brakes
☒ Cruise Control

Powertrain
UNKNOWN

Vehicle Component Code
162700 STRUCTURE:BODY:TRUNK LID

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
05-DEC-2005

Failure Mileage
45000

Failure Speed

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: DOTM1SABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

1

Number of Deaths

0

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: THE CONTACT STATED AFTER OPENING THE TRUNK OF THE VEHICLE THE TRUNK FELL ON HIM. THE SUPPORTS TO KEEPING THE TRUNK IN THE OPEN POSITION FAILED. THE CONTACT SUSTAINED MINOR INJURIES. THE DEALERSHIP SAID THE FAILURE WAS WITH THE LIFT SUPPORTS. THERE WERE NO PREVIOUS PROBLEMS WITH THE TRUNK OR SIGNS OF RUST. THE VEHICLE WILL BE TAKEN TO A BODY SHOP FOR REPAIRS. *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 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

MY INTENT WITH THIS REPORT WAS TO PROTECT OTHER PEOPLE. MY INJURIES WERE MINOR BUT A SMALLER PERSON, A FEMALE OR A CHILD WOULD HAVE SUFFERED DAMAGE TO ARMS, BACK OR HEAD RESULTING EVEN IN DEATH. THE WEIGHT OF THE TRUNK LID ON MY CATERA IS EXTREMELY HEAVY AND WHEN THE LIFT SUPPORTS FAIL AND THE TRUNK HINGES DO NOT SUPPORT THAT WEIGHT IT SUDDENLY COMES CRASHING DOWN AND OFTEN ON SOMEONE'S BODY PARTS. ARMS COULD BE BROKEN, FINGERS OR HANDS SERIOUSLY CAUSTIC. IN MY ESTIMATION IT IS A PERSON THAT SHOULD CERTAINLY BE INVESTIGATED BY A NATIONAL SAFETY ORGANIZATION AND DEEMED AS A SAFETY DEFECT REQUIRING A CALL BY THE MANUFACTURER.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NHTSA-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

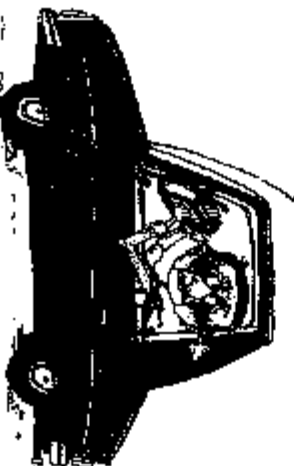
**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR**

DASH2DOT

and dial toll free at

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