



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received
2005 JAN 19 AM 9:56
27-DEC-2005
Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City LITTLETON State MA Zip Code [REDACTED]
Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [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 send your name and address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 1/8/06 YES NO

VEHICLE INFORMATION

17 digit Vehicle (identification Number Located at bottom of windshield on driver's side)
3GYEK6 [REDACTED]
Make CADILLAC Model ESCALADE EXT Model Year 2002
Date Purchased 01-FEB-02 Dealer's Name and Telephone Number BAKER CADILLAC OLDSMOBILE 978-594-8568 Engine: No: Cylinders 8 Fuel Type: Gas
Original Owner Dealer's City LEOMINSTER State MA Zip Code 01543
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 23-DEC-2005 Failure Mileage 70528 Failure Speed 30

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/B5R15) [REDACTED]
DOT No. (Example: DOTMALSABC03B) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 0 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 THE ABS ACTIVATED AT LESS THAN 30 MPH. WHEN APPLYING THE BRAKES THERE WAS A CHATTERING SOUND COMING FROM THE BRAKE PEDAL. THIS WAS AN ONGOING PROBLEM. THE FIRST OCCURRENCE HAPPENED IN SEPTEMBER 2004. THE DEALERSHIP REMOVED THE CORROSION FROM THE ABS SENSORS. THE PROBLEM DID NOT RETURN UNTIL DECEMBER 23, 2005. THE CIRCUMSTANCES WERE THE SAME AS BEFORE. THE DEALERSHIP CLEANED THE CORROSION FROM THE ABS SENSORS. THE PROBLEM HAS NOT RECURRED. *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.

**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).**