



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
706 MAR 28 AM 9:08
06-MAR-2006
Repository
Reference No.
10151847

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City MOOSE LAKE State MN 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? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 3/1/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GYEK63N22R [REDACTED]
Make CADILLAC Model ESCALADE Model Year 2002
Date Purchased 10-APR-02 Dealer's Name and Telephone Number WALLY MCCARTHY GMC Engine: No: Cylinders 8 Fuel Type: Gas
Original Owner Dealer's City FOREST LAKE State MN Zip Code 55025
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 030000 SERVICE BRAKES, HYDRAULIC
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 23-FEB-2006 Failure Mileage 35382 Failure Speed 3

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: DOTM9ABC036) 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 _____ Number of Deaths _____ 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 WHILE BACKING OUT OF THE GARAGE, AT 3 MPH, THE BRAKES AND STEERING FAILED. THE IGNITION WAS TURNED OFF AND THE VEHICLE STOPPED. THE VEHICLE WAS TOWED TO THE DEALERSHIP, WHERE IT WAS DETERMINED THE FLUID IN THE POWER UNIT FOR THE BRAKES AND POWER STEERING WAS CONTAMINATED BECAUSE OF A BROKEN SEAL, CAUSING THE FAILURE. THE POWER UNIT WAS REPLACED, AND THE OTHER UNITS CONNECTED TO THIS WERE DRAINED AND REFILLED.

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.