



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

FGR AGENCY USE ONLY 100148

Date Received

Repository

01-MAY-2006 2:27

Reference No.
10156495

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City PITTSBURGH State PA Zip Code _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number _____

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 5/1/06

VEHICLE INFORMATION

17 digit vehicle Identification Number Located at bottom of windshield on driver's side: 1G8KE57Y4 _____
Make CADILLAC Model DEVILLE Model Year 2000
Date Purchased 15-AUG-00 Dealer's Name and Telephone Number ALL STAR MOTORS Engine: No: Cylinders Fuel Type: Gas
Original Owner Dealer's City PITTSBURGH State PA Zip Code _____
Transmission Type AUTOMATIC Anti-lock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE
Vehicle Component Code 031000 SERVICE BRAKES, HYDRAULIC: PEDALS AND LINKAGES
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 26-APR-2006 Failure Mileage 20000 Failure Speed 10 or less

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: DOTM19ABC036) 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(es).)

Crash Yes No Fire Yes No Number of Persons Injured 1 Number of Deaths _____ Reported to Police Y

Narrative Description of Incident(s), Crash(es), and Injury(es).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
ie, parts repaired or replaced (and if old part is available).

DT*: THE CONTACT STATED WHILE TURNING INTO A DRIVEWAY AT 10 MPH THE BRAKES FAILED TO STOP THE VEHICLE. THE BRAKE PEDAL WAS DEPRESSED SEVERAL TIMES ALONG WITH THE ACCELERATOR PEDAL. THE DEPRESSION OF THE ACCELERATOR PEDAL WAS UNINTENTIONAL. THE VEHICLE CRASHED INTO A GATE AND A PARKED CAR. THE OCCUPANT OF THE PARKED CAR WAS INJURED. A POLICE REPORT WAS FILED. THE VEHICLE WAS TOWED TO THE DEALER WHERE IT WAS DETERMINED A PIN FELL OUT OF THE BRAKE PEDAL RENDERING IT INOPERABLE.

or less

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 responses 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 responses, 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)

The information in the box of the previous page is accurate and complete.



ATTACH ADDITIONAL SHEETS IF NECESSARY



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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, NVS-210
400 7th Street, SW
Washington, DC 20590

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

**Think your vehicle
has a safety defect?**



If so:

Call toll free 1-800-4-A-SAFETY

or write:

SAFETY DEFECTS DIVISION

or call:

Vehicle Safety Division

800-327-4136



Vehicle Owner's Questionnaire (VOC)
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National Highway Traffic Safety Administration

