

Call to CO
6-15-06



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 2006 JUL -5 AM 9:35 02-JUN-2006	Repository <input type="checkbox"/>
	Reference No. 10158835

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: ANAHEIM HILLS State: CA 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: 6/1/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GYFK638X7K [REDACTED]	Make CADILLAC	Model ESCALADE	Model Year 2007
Date Purchased 17-FEB-06	Dealer's Name and Telephone Number NABERS CADILLAC 714-444-5200		Engine: No: Cylinders 8
Original Owner <input checked="" type="checkbox"/>	Dealer's City COSTA MESA	State CA	Zip Code 92626
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain ALL WHEEL DRIVE	Fuel Type: Gas
Vehicle Component Code 181000 VEHICLE SPEED CONTROL/ACCELERATOR PEDAL		Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-JUN-2006	Failure Mileage 3900	Failure Speed ALL
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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: DOTN15ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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 DEPRESSING THE ACCELERATOR PEDAL FROM A STOPPED POSITION THE VEHICLE HESITATED. THE PROBLEM OCCURRED INTERMITTENTLY. THE VEHICLE WAS DRIVEN TO THE DEALER WHO COULD NOT DUPLICATE THE PROBLEM.
WHILE DRIVING, ATTEMPTING TO SPEED UP, DEPRESSING A ACCELERATOR CAR WILL CUT OUT ONE TO FOUR SECONDS AND WILL REMAIN GAGE HARD.

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 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)

IN VEH. SPOTTERS/STALLED ON ACCELERATION, I WAS TURNING & ACCELERATED MY CAR, WOULD NOT ENGAGE FOR APPROX 5 SECONDS, TRUCKER NOTED MY F. BLEND AND HE STOPPED IN TIME, ABOUT 100 FT FROM MY DRIVE IN DOOR. THANK GOD!

GOING DOWN THE HWY, I CHANGED LANES TO GET IN FRONT OF AN ANOTHER VEH. I THROU OVER AS I WOULD, I ACCELERATED, MY VEH. STALLED FOR 2-3 SECONDS

ATTACH ADDITIONAL SHEETS IF NECESSARY

VEH. ALMOST TOOK MY VEH. WITH HIM. THANK YOU FOR YOUR HELP.

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



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

