



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

24-JUL-2006

Repository

Reference No.  
10163335

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
 Address [REDACTED]  
 City THOUSAND OAKS 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: [REDACTED] Date 7/31/06

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G6DN57L [REDACTED]  
 Make CADILLAC Model CTS V Model Year 2006  
 Date Purchased 06-FEB-06 Dealer's Name and Telephone Number SILVER STAR CADILLAC Engine: No: Cylinders 8 Fuel Type: Gas  
 Original Owner  Dealer's City THOUSAND OAKS State CA Zip Code [REDACTED]  
 Transmission Type MANUAL  Antilock Brakes  Cruise Control Powertrain REAR WHEEL DRIVE  
 Vehicle Component Code 060000 ENGINE AND ENGINE COOLING  
 Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 24-JUL-2006 Failure Mileage 3100 Failure Speed [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
 DOT No. (Example: DOTM19ABC036)  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 [REDACTED] Number of Deaths [REDACTED] 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 VEHICLE STALLED SUDDENLY AT VARIOUS SPEEDS. THE DEALERSHIP REPLACED EITHER ONE OR TWO UNKNOWN PARTS TO THE COMPUTER OF THE VEHICLE OR THE ENTIRE COMPUTER. THE CONTACT WAS UNSURE OF THE DETAILS OF THE REPAIR. WITHIN 50 MILES FROM THE DEALER, THE VEHICLE STALLED AGAIN. THE REDUCED ENGINE POWER LIGHT ILLUMINATED ON THE DASH PRIOR TO EACH INCIDENT. AFTER SITTING FOR A WHILE, THE VEHICLE RESTARTED. HOWEVER, THE VEHICLE WAS TOWED TO THE DEALERSHIP AFTER BOTH INCIDENTS BECAUSE THE CONTACT WAS UNSURE OF THE SAFETY OF THE VEHICLE

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 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.