



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

Repository

06 NOV 30 AM 8:40  
 06-NOV-2006

Reference No.  
 10172759

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
 Address [REDACTED]  
 City LAKE HAVASU CITY State AZ Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

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 authorized signature, your name or address to the vehicle manufacturer.  
 Signature of Owner [REDACTED] Date 11/13/06

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G6KY5293SU [REDACTED]  
 Make CADILLAC Model SEVILLE Model Year 1995  
 Date Purchased [REDACTED] Dealer's Name and Telephone Number METROPOLITAN CADILLAC  
 Original Owner  Dealer's City WEST ALLIS, WI State WI Zip Code [REDACTED]  
 Engine: No: Cylinders 8 Fuel Type: Gas  
 Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE  
 Vehicle Component Code 072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, AND FITTINGS  
 Multiple Failure: 1

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

Incident Date(s) 07-MAR-2006 Failure Mileage 108930 Failure Speed 0

**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 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 AFTER RECEIPT OF RECALL # 04014 (04V110000) FOR THE FUEL RAIL (FUEL SYSTEM, GASOLINE: DELIVERY: HOSES, LINES/PIPING, AND FITTINGS), THE MANUFACTURER WAS CONTACTED TO FIND A SERVICE DEALER TO SERVICE THE RECALL. THE VEHICLE WAS TAKEN TO THE SERVICE DEALER WHERE AN INSPECTION WAS MADE OF THE FUEL RAIL. THE SERVICE DEALER SIGNED OFF THAT THE ORIGINAL PART WAS GOOD AND DID NOT NEED REPLACEMENT. A MONTH LATER, THERE WAS A FUEL LEAK NOTICED. WHEN THE VEHICLE WAS TAKEN TO AN INDEPENDENT DEALER, THE FUEL RAIL HAD TO BE REPLACED. THE PAPERWORK AND RECEIPTS WERE SENT TO THE MANUFACTURER, BUT REIMBURSEMENT WAS DENIED.

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.



Customer Assistance Center

April 17, 2006

[REDACTED]  
Lake Havasu City, AZ [REDACTED]

Service Request: 1-397107020  
Customer Relationship Manager: Constance Rooks

Dear [REDACTED]

Thank you for contacting us recently regarding the recall notice you received for your 1995 Cadillac Seville. We apologize for any inconvenience you have experienced as a result of this recall.

At Cadillac, we believe our customers have the right to expect long-term, reliable performance from our products. There are, however, many variables that affect the life of the vehicle's parts and appearance. Unfortunately, there are times when we identify a motor vehicle defect and release a recall notice to our loyal customers for their safety and satisfaction.

We have reviewed your request for reimbursement on the engine fuel rail that you had repaired. We regret that we are unable to reimburse you the amount you requested because the documentation provided did not substantiate your request.

At Cadillac, our commitment to customer satisfaction is a top priority. We hope you understand our position. If you have additional questions or concerns, please feel free to contact our Cadillac Customer Assistance Center at 1-800-458-8006 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and anyone of our Customer Relationship Managers will be happy to assist you.

Sincerely,

Cadillac Division  
General Motors Corporation

*As you can see, all related info requested was sent*

*Cadillac*

### General Motors Customer Reimbursement Claim Form

This section to be completed by Claimant

Date Claim Submitted: 3-07-06

17-Digit Vehicle Identification Number (VIN): 1G6KY5293SU [REDACTED]

Mileage at Time of Repair: 108930 Date of Repair: 3-07-06

Claimant Name (please print): [REDACTED]

Street Address or PO Box Number: [REDACTED]

City: LAKE HAVASU CITY State: AZ ZIP Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): SAME AS ABOVE

Amount of Reimbursement Requested: \$ 392.00

The following documentation must accompany this claim form.

Original or clear copy of all receipts, invoices, and/or repair orders that show:

- The name and address of the person who paid for the repair. ✓
  - The Vehicle Identification Number (VIN) of the vehicle that was repaired. ✓
  - What problem occurred, what repair was done, when it was done, and who did it. ✓
  - The total cost of the repair expense that is being claimed. ✓
  - Payment for the repair in question and the date of payment. ✓
- (copy of front and back of cancelled check, or copy of credit card receipt)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this field action.

Claimant's Signature [REDACTED]

Please mail this claim form and the required documents to:

**General Motors Corporation**  
P.O. Box 33170  
Detroit, MI 48232-5170

All special policy reimbursement questions should be directed to the following number:  
1-800-204-0261

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).