



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

2008 MAR 18 AM 8:01

FOR AGENCY USE ONLY 100148

Date Received	Repository <input type="checkbox"/>
03-MAR-2008	Reference No. 10219892

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City WAKEFIELD	State MA	Zip Code
	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, please provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 3/11/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G6CD13B3N4	Make CADILLAC	Model DEVILLE	Model Year 1992
Date Purchased 06-SEP-05	Dealer's Name and Telephone Number	Engine: No: Cylinders 8	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 106000 POWER TRAIN:AXLE ASSEMBLY
Multiple Failure: 2			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 06-JAN-2008	Failure Mileage 123000	Failure Speed 30
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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: DOTM19ABC036)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	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).

TL*THE CONTACT OWNS A 1992 CADILLAC DEVILLE. WHILE DRIVING 30 MPH, THE CONTACT SMELLED OIL BURNING FROM THE VEHICLE. THE CONTACT NOTICED A SMALL AMOUNT OF SMOKE COMING FROM THE ENGINE COMPARTMENT. THE CONTACT PARKED THE VEHICLE. THE DEALER LOCATED NHTSA CAMPAIGN ID NUMBER 94V199000 (POWER TRAIN:AXLE ASSEMBLY); HOWEVER, THEY INFORMED THE CONTACT THAT THERE WOULD BE A CHARGE TO HAVE THE RECALL WORK PERFORMED. THE CURRENT MILEAGE WAS 123,725 AND FAILURE MILEAGE WAS 123,000.

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.