



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

07-APR-2008
23 AM 7:04

Reference No.
10223541

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City ELY State MN 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 1G6KD54Y6YU [REDACTED]
Make CADILLAC Model DEVILLE Model Year 2000
Date Purchased 10-FEB-05 Dealer's Name and Telephone Number SONJU MOTORS Engine: No: Cylinders 8 Fuel Type: Gas
Original Owner Dealer's City TWO HARBORS State MN Zip Code 55616
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 140000 AIR BAGS
Multiple Failure: 1 **ABS BRAKES AIR BAGS No WORK**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 12-MAR-2008 Failure Mileage 60000 Failure Speed 40

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(ies).)

Crash Yes No Fire Yes No
Number of Persons Injured 1 Number of Deaths 0 Reported to Police Y

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 2000 CADILLAC DEVILLE. WHILE DRIVING APPROXIMATELY 60 MPH, THE CONTACT DEPRESSED THE BRAKE PEDAL, BUT THE VEHICLE FAILED TO SLOW DOWN. THE CONTACT REAR ENDED THE PRECEDING VEHICLE AT APPROXIMATELY 40 MPH AND THE AIR BAGS FAILED TO DEPLOY. BOTH VEHICLES SUSTAINED DAMAGE. THE CONTACT SUSTAINED AN INJURY TO HIS NECK. A POLICE REPORT WAS FILED. THE CURRENT AND FAILURE MILEAGES WERE 60,000.

70 MPH

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 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I35 HIGHWAY TRUCK & CAR AHEAD OF ME WHEN TRUCK MOVED FROM LEFT LANE TO RIGHT LANE WHERE CAR WAS AND SHE TURN TO LEFT TO MISS COLLISION AND STARTED TO SPIN IN MY LANE OVER 900 FEET AHEAD OF ME I PRESSED ON BRAKES TO STOP BUT THE BRAKE ^{DIDN'T} WORK SHE SPUN AROUND IN LANE AND ~~WENT~~ WENT OVER TO THE LEFT SLANE AND I TURN BACK INTO RIGHT LANE AND HIT HER CAR ON DRIVE SIDE REAR END (BRAKE DIDNOT WORK)

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

DULUTH MN 558

14 APR 2008 PM 11

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

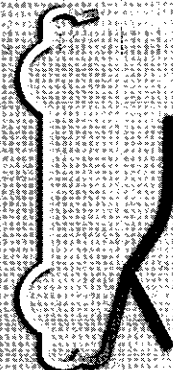
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Ave SE
Washington, DC 20077-9382



Think your vehicle has a safety defect?



If so:
Use the enclosed form to file a report.

or visit:
www.safercar.gov

or call:
Vehicle Safety Hotline
888-327-4236



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

