



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 <input type="checkbox"/>
01-AUG-2008	Reference No. 10236638

2008 SEP -9 PM 4:39

<b>OWNER INFORMATION (Type or Print)</b>			
Name		Daytime Telephone Number	E-mail Address
Address			
City	State	Zip Code	Evening Telephone Number
NORTHRIDGE	CA		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.			
Signature of Owner		Date	
		9/10/08	

<b>VEHICLE INFORMATION</b>				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year
1G6KE54Y4W1		CADILLAC	DEVILLE	1998
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
4-2-98	NORTHRIDGE CAD. 818-886-1100		No: Cylinders	GAS
Original Owner	Dealer's City	State	Zip Code	
<input checked="" type="checkbox"/>	RESEDA, CA	CA	91324	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code	
AUTO	<input checked="" type="checkbox"/> Cruise Control		100000 POWER TRAIN	
			Multiple Failure: CONTINUED	

<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Incident Date(s)	Failure Mileage	Failure Speed	
25-JUL-2008	76000	0	GEAR SHIFT LEVER

<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
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		

<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		

<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)			
Crash	Fire	Number of Persons Injured	Number of Deaths
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	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).  
**LEVER**

TL\*THE CONTACT OWNS A 1998 CADILLAC DEVILLE. THE PIN THAT HOLDS THE GEARSHIFT LEVER TO THE VEHICLE IS COMING LOOSE AND WILL NOT STAY IN PLACE. IF THE PIN COMPLETELY DETACHES, IT WOULD CAUSE THE GEARSHIFT LEVER TO FALL OFF THE FLOORBOARD. THE DEALER AND MANUFACTURER HAVE NOT BEEN NOTIFIED. THE CURRENT AND FAILURE MILEAGES WERE 76,000.

HAS - 8-6-08

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.

ADDITIONS