



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 14-JUL-2009	Repository <input type="checkbox"/>
	Reference No. 10276811

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OWNER INFORMATION (Type or Print)			
Name	Daytime Telephone Number	E-mail Address	
Address	Evening Telephone Number		
City WARR ACRES	State OK	Zip Code	

Do you authorize the NHTSA to contact the manufacturer of your vehicle?
In the absence of your response, we will provide your name or address to the vehicle manufacturer. NO

Signature _____ Date _____

VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G6EL12Y8WU		Make CADILLAC	Model ELDORADO	Model Year 1998
Date Purchased 02/09	Dealer's Name and Telephone Number PROTON MOTORS		Engine: No: Cylinders 8	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City OKC	State OK	Zip Code	
Transmission Type Automatic	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 09-JUL-2009

FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes: 070000 FUEL SYSTEM, GASOLINE, 073100 FUEL SYSTEM, GASOLINE: FUEL INJECTION SYSTEM: FUEL RAIL		Failure Mileage 92000	Failure Speed 0

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: DOTM9ABC036)	<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			
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).

TL*THE CONTACT OWNS A 1998 CADILLAC ELDORADO. WHILE THE VEHICLE WAS PARKED IN THE DRIVEWAY, THE CONTACT NOTICED A PUDDLE OF FUEL ON THE GROUND. SHE ALSO SMELLED A STRONG ODOR OF GASOLINE OUTSIDE OF THE VEHICLE. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC FOR INSPECTION. THE TECHNICIAN STATED THAT THE FAILURE WAS DUE TO THE FUEL RAIL. THE VEHICLE HAS NOT BEEN REPAIRED AND IS NOT BEING DRIVEN DUE TO THE SAFETY HAZARD. THE VIN WAS UNABLE TO BE ENTERED INTO THE SYSTEM. THE FAILURE AND CURRENT MILEAGES WERE 92,000.

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.