U.S. Department of Transportation
National Highway Traffic Safety Administration

2009 AUG 18 PM 1:04

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 ☐
23-JUL-2009	Reference No. 10278093

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City DELTONA	State FL	Zip Code [redacted]	Evening Telephone Number [redacted]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G6KD54YX5U[redacted]	CADILLAC	DEVILLE	2005

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
7.17.05	Sterling Cadillac	3867342661	No: Cylinders 8	Reg.
Original Owner ☒	Dealer's City DeLand	State FL / Zip Code 32720		

Transmission Type			Multiple Failure:	Incident Date(s)
Auto	☒ Antilock Brakes ☒ Cruise Control	Powertrain		29-MAY-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	68000	2 to 5 mi/hr.

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	2	0	N Yes

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 2005 CADILLAC DEVILLE. WHILE DRIVING OUT OF A GAS STATION AT APPROXIMATELY 25 MPH, ANOTHER VEHICLE CRASHED INTO THE CONTACT'S VEHICLE. THE FRONTAL AIR BAGS FAILED TO DEPLOY. THE INSURANCE COMPANY STATED THAT THE VEHICLE WAS DESTROYED. THERE WERE NO INJURIES. THE MANUFACTURER WILL BE NOTIFIED. THE CURRENT AND FAILURE MILEAGES WERE 68,000.

YES

side air bags drivers side didn't deploy

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

ALL BLOCKS MUST BE COMPLETED. WRITE N/A OR UNK. IF REQUIRED.

SANFORD POLICE DEPARTMENT - TOW SHEET

DATE & TIME TOWED: 05-29-09 / 1617 CASE #: 2009TA003500

LOCATION TOWED FROM: 1101 Pinehurst Ln

CIRCLE REASON(S) TOWED - Recovered / Stolen / Abandoned / Arson / Vandalized / Forfeiture

Used in Crime (charge) /Driver Arrested (charge)

VEHICLE INFORMATION

Year: 2005 | Make: Cadi | Model: DC | Color(s): Red

Tag #: [redacted] | State: FL | VIN # On Vehicle: 1G6KD54YX5U[redacted]

DRIVER INFORMATION

(Check if NO driver O)

Name: | DOB: | Race: | Sex:

D/L (State & #):

Address: | City: | State: | Zip:

Home Phone ( ) | Work Phone ( )

OWNER INFORMATION

(Check if SAME as driver O)

Name [redacted] | DOB: [redacted] | Race: | Sex: M

Address [redacted] | City: Deltona | State: FL | Zip: [redacted]

Home Phone ( ) | Work Phone ( )

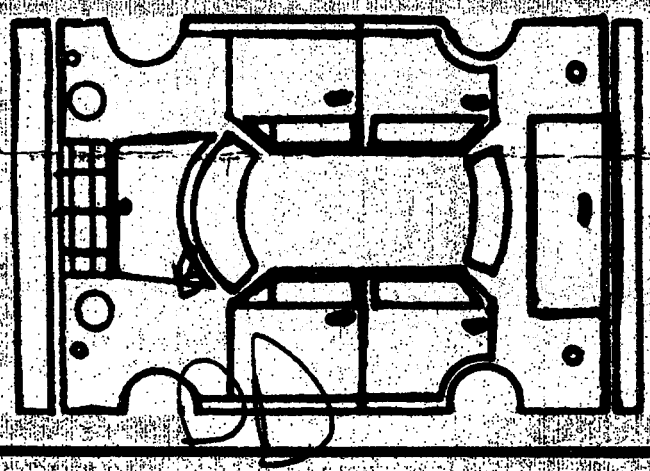
Owner Notified of Location of Vehicle (Circle) NO YES | Date/Time Notified:

DAMAGE AND INVENTORY AT TIME TOWED

( ) # Tires (Inc. Spare)
( ) # Hubcaps
( ) Fog/Drive Lights
( ) Side Mirrors
(-) Antenna
( ) Trailer Hitch
( ) Radar Detector
( ) Inside Mirror
( ) Lighter
( ) Clock
( ) Cellular Phone
( ) CB Radio
( ) Jack/ Lug Wrench

Entertainment
( ) Radio
( ) Cassette Play
( ) CD Player
( ) Amplifier
( ) Speakers

Legend for Damage
D - Dented
R - Rusted
S - Scratched
B - Broken/Cracked
M - Missing



Mileage at Time Towed

ITEMIZED INVENTORY: *(attach additional sheet if necessary)*

TOW SERVICE (name) Athens Towing COMPANY PHONE # 407 331 3948

TOW SERVICE (address) 2[redacted] Old Lake Mary Rd

STORAGE LOCATION

If vehicle is to be held, reason

The undersigned officer and tow driver hereby certify that the above listed inventory is correct to the best of our knowledge.

Officer T. McIntosh (Name Printed) (Signature) 117 (Unit ID#)

Tow Driver (Name Printed) Melvin Woodie (Signature)

Approving Supervisor's Signature

SPD Form 012 (Revised 1-01)

White Copy - Records • Green Copy - Owner/Operator • Yellow Copy - Investigations • Pink Copy - Vehicle Seizure-Admin. • Gold Copy - Wreck