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: SEP - 1 2010 (12-JUL-2010)

Repository ☐

Reference No.: 10342736

OWNER INFORMATION (Type or Print)

Name: [redacted]

Address: [redacted]

City: WILLIMASVILLE | State: NY | Zip Code: [redacted]

Daytime Telephone Number: [redacted]

Evening Telephone Number: [redacted]

E-mail Address:

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
1G6KD57Y98U[redacted]	CADILLAC	DTS	2008

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
12/07					
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
				10-JUN-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 160000 STRUCTURE, 135200 VISIBILITY: ~~REARVIEW MIRRORS/DEVICES: EXTERIOR~~	Failure Mileage	Failure Speed
	27000	

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			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 2008 CADILLAC DTS. THE ~~LEFT VIEW MIRROR~~ HAD A BLIND SPOT THAT OBSTRUCTED HIS VIEW OF APPROACHING TRAFFIC. THE MANUFACTURER TOOK A REPORT, BUT HE NEVER RECEIVED A RESPONSE FROM THE MANUFACTURER CONCERNING THE FAILURE. THE DEALER WASN'T ABLE OFFER HIM ANY ASSISTANCE. THE CONTACT STATED THAT VEHICLE WILL BE REPLACED. THE FAILURE MILEAGE WAS 5,000 AND THE CURRENT MILEAGE WAS 27,000.

THE MIRROR IS NOT THE PROBLEM, ITS THE CENTER POST THAT BLOCKS MY VISION WHEN I AM AT AN INTERSECTION THAT IS NOT A 90° ANGLE. CANNOT SEE ON COMING TRAFFIC COMING FROM THE RIGHT. CENTER POST BLOCKS

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.