Form Approved: O.M.B. No. 2127-0008

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: JUL 22 2011 (13-JAN-2011)

Repository ☐

Reference No. 10376595

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number [redacted]	
City EGG HARBOR TOWNSHIP	**State** NJ	**Zip Code** [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
1G6DP577X60[redacted]	CADILLAC	CTS	2006

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
FEB	AUTO PLAZA			6	GAS
Original Owner ☐	Dealer's City: EGG HARBOR TOWNSHIP	State: NJ	Zip Code: 08234		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTO	☑ Antilock Brakes ☑ Cruise Control			01-DEC-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 141000 AIR BAGS: FRONTAL, 141100 AIR BAGS: FRONTAL: SENSOR/CONTROL MODULE	Failure Mileage	Failure Speed
	128000	All Speeds And Idle

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	0	0	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 2006 CADILLAC CTS. THE CONTACT NOTICED THAT THE PASSENGER SIDE AIR BAG WARNING LIGHT ILLUMINATED ON THE DASHBOARD WHILE A PASSENGER WAS IN THE SEAT. THE FAILURE WAS SIMILAR TO NHTSA CAMPAIGN ID NUMBER 10V644000, AIR BAGS FRONTAL, SENSOR CONTROL MODULE. BOTH THE DEALER AND MANUFACTURER WERE NOTIFIED WHO INFORMED THE CONTACT THAT HER VEHICLE WAS NOT INCLUDED IN THIS RECALL AND THAT IF SHE WAITED UNTIL NEXT MONTH THAT THEY MAY REISSUE THIS RECALL AND INCLUDE MORE VEHICLES. THE CURRENT MILEAGE WAS APPROXIMATELY 133,000. THE FAILURE MILEAGE WAS APPROXIMATELY 128,000.

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