

 U.S. Department of Transportation National Highway Traffic Safety Administration		INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) 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	
OWNER INFORMATION (Type or Print)		Date Received 07-DEC-2011 JAN - 9 2012		Repository ☐ Reference No. 10438903	
Name [REDACTED]		Daytime Telephone Number [REDACTED]		E-mail Address	
Address [REDACTED]		Evening Telephone Number			
City HARRISON TOWNSHIP	State MI	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 1GYEE63AX50 [REDACTED]		Make CADILLAC		Model SRX	
		Model Year 2005			
Date Purchased	Dealer's Name and Telephone Number DON GOOLEY CAD. 586-772-8200		Engine: No: Cylinders 8		Fuel Type: GAS
Original Owner ☒	Dealer's City ST. CLAIR SHORES	State MI	Zip Code 48080		
Transmission Type AUTO	☒ Antilock Brakes ☒ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 06-DEC-2011	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 100000 POWER TRAIN				Failure Mileage 109000	Failure Speed 65
REAR PINION SEAL OF THE FRONT DIFFERENTIAL					
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: DOTM19ABC036)		☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ 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 2005 CADILLAC SRX. THE CONTACT WAS DRIVING 65 MPH WHEN THE VEHICLE EXHIBITED AN ABNORMAL WHINING. THE VEHICLE WAS TAKEN TO PRIVATE MECHANIC FOR MAINTENANCE WHERE THE MECHANIC CONFIRMED THAT THE REAR RACK AND PINION WAS LEAKING AND NEEDED TO BE REPLACED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE AND ADVISED THE CONTACT THAT THE VEHICLE WAS NOT INCLUDED IN THE RECALL ASSOCIATED WITH NHTSA CAMPAIGN ID NUMBER: 07V589000(POWER TRAIN:AXLE ASSEMBLY:AXLE SHAFT:SEAL). THE VEHICLE WAS NOT REPAIRED. THE FAILURE AND THE CURRENT MILEAGES WERE 109,000.					
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 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.					