

 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 NOV 14 2012 05-OCT-2012		Repository <input type="checkbox"/> Reference No. 10478790		
OWNER INFORMATION (Type or Print)					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			
SAN RAFAEL	CA				
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	
1GYEK63N92R		CADILLAC	ESCALADE	2002	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
OCT 2002			V8		
Original Owner	Dealer's City	State	No: Cylinders		
<input type="checkbox"/>		CA	8		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)	
AUTO	<input checked="" type="checkbox"/> Cruise Control			2008 AND 04-OCT-2012	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: BRAKES (PWS), 010000 STEERING			Failure Mileage	Failure Speed	
			100000	20	
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: DOTM49ABC036)	<input type="checkbox"/> Original Equipment	Failure Location:			
	<input type="checkbox"/> Prior Repair				
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2002 CADILLAC ESCALADE. THE CONTACT STATED THAT WHILE DRIVING 20 MPH THE STEERING WHEEL LOCKED AND THE BRAKES FAILED. THE CONTACT SHIFTED INTO REVERSE IN ORDER TO GET THE VEHICLE TO STOP. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC AND WAS INFORMED THAT THE STEERING PUMP NEEDED TO BE REPLACED. THREE YEARS LATER FAILURE RECURRED. THE VEHICLE WAS REPAIRED. THE FAILURE MILEAGE WAS 100,000 AND THE CURRENT MILEAGE WAS 166,000. <p style="text-align: center;">AGAIN AT 166,000 MILES</p>					
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.					