

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552 (B)(6)



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 Reported FEB 20 2013	Repository <input type="checkbox"/>
14-JAN-2013	Reference No. 10492880

**OWNER INFORMATION (Type or Print)**

Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
BARRINGTON	RI	[REDACTED]	[REDACTED]

Daytime Telephone Number	E-mail Address
[REDACTED]	[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 1G6DP577960 [REDACTED]	Make CADILLAC	Model CTS	Model Year 2006
Date Purchased 11/13/06	Dealer's Name and Telephone Number Herb Chambers Cadillac Inc, 401-467-0690	Engine: No: Cylinders 6	Fuel Type: Reg
Original Owner MYSELF <input checked="" type="checkbox"/>	Dealer's City Warwick R.I.	State RI	Zip Code 02886
Transmission Type Auto	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain <input checked="" type="checkbox"/>	Multiple Failure: Incident Date(s) 10-MAR-2011

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 140000 AIR BAGS	95927	Failure Mileage 35000	Failure Speed
---	-------	--------------------------	---------------

**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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2006 CADILLAC CTS. THE CONTACT STATED WHENEVER THE VEHICLE WAS TURNED ON THE FRONT PASSENGER'S SIDE AIR BAG WARNING INDICATOR ILLUMINATED CONTINUOUSLY UNTIL THE VEHICLE WAS TURNED OFF. THE VEHICLE WAS TAKEN AUTHORIZED DEALER FOR DIAGNOSTIC TESTING WHERE THE TECHNICIAN STATED THE FRONT PASSENGER'S SEAT MAT SENSOR NEEDED TO BE REPLACED. THERE WAS A RECALL ASSOCIATED WITH NHTSA CAMPAIGN ID NUMBER 10V644000 (AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE); HOWEVER THE VIN WAS NOT INCLUDED. THE VEHICLE WAS NOT REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 35,000.

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.

Lined area for narrative description of incident.

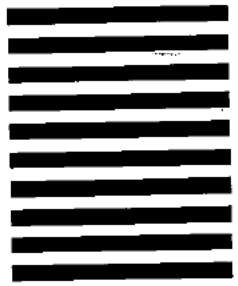
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
1200 New Jersey Avenue SE  
Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



[Redacted]  
Barrington B. d.  
[Redacted]

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382



Think your vehicle  
has a safety defect?



If so:  
Use the enclosed  
form to file a report.

or visit:  
[www.safercar.gov](http://www.safercar.gov)

or call:  
Vehicle Safety Hotline  
888-327-4236



Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration

**ROSS SIMONS**  
Fabulous Jewelry. Great Prices. Since 1952.  
► SHOP NOW

UP TO **75% OFF**  
PLUS FREE SHIPPING



2006 Cadillac CTS  
V.8 Cyl 6.0L

Instant Quotes | Diagnose | Estimate Cost | Find a Shop | How-To Guides | Auto Answers

TSB (49) | RECALLS (4) | C&A (2799) | Welcome to AutoMD! | Register | B0092 | TSB & Recall | Submit

Home > Recalls and TSBS > Cadillac Recall > Cts > 2006 > 10V644000

Search TSBS and Recalls.

### Search By Vehicle

Select Year | Select Make | Select Model | Submit Query

### 2006 Cadillac Cts Air Bags Recall 10V644000

NHTSA: Action Number: N/A Service Bulletin Number: 10V644000

<b>Report Date:</b> Dec 17, 2010	<b>Component:</b> Air Bags	<b>Potential Units Affected:</b> 95927	<b>Manufacturer:</b> General Motors Llc
-------------------------------------	-------------------------------	---	--

**Summary:** General motors is recalling certain model year 2005-2007 cadillac cts vehicles. Some of these vehicles have a condition in which repeated flexing of the passenger sensing system mat in the front passenger seat may cause the mat to kink, bend, or fold. This flexing can break the connections in the mat. If this occurs, the sensor may not detect the presence of a front seat passenger and will disable the air bag.

**Consequence:** Non-deployment of the front passenger air bag in the event of a crash necessitating that air bag's deployment may reduce protection of the passenger and increase the risk or severity of injury to them.

**Remedy:** Dealers will replace the passenger sensing system free of charge. The safety recall is expected to begin on or about march 15, 2011. Owners may contact cadillac at 1-866-982-2339, chevrolet at 1-800-630-2438, gmc at 1-866-996-9463 and at the owner center at www.Gmownercenter. Com.

**Notes:** Gm safety recall no. 100355. Owners may also contact the national highway traffic safety administration's vehicle safety hotline at 1-888-327-4236 (tty 1-800-424-9153), or go to <a href=http://www. Safercar. Gov>http://www. Safercar. Gov</a>.

His and hers? http://t.co/DKCJTRua 1 day ago

Home | Diagnose | Estimate Costs | Find a Shop | How-To | Auto Answers | Recalls and TSBS

Car Repair | About AutoMD | Press | In the News | Feedback | Employment | Link to Us | Terms of Use | Privacy Policy | Mobile Site

©AutoMD.com, 2013.  
Auto Repair content posted by AutoMD members are dedicated to the public domain.  
AutoMD, AutoMD.com, and other service names are trademarks of AutoMD.com.

# Complete  
on  
0 Defect  
0 Arbitration  
10492880  
Jackie



# HERB CHAMBERS CADILLAC, INC.

101 Cadillac Drive  
PROVIDENCE, RHODE ISLAND 02907  
(401) 467-6600

MOTOR VEHICLE CASH  
PURCHASE AGREEMENT

No. 29995

DATE <b>NOVEMBER 13</b> 20 <b>06</b> ORDER No.		STOCK No. <b>CP17069</b> SALES REPRESENTATIVE <b>ANTHONY V MATTERA</b>	
PURCHASER'S NAME(S)		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBERS
<b>BARRINGTON</b>	<b>RI</b>		HOME BUSINESS
QUANTITY [ <b>1</b> ]	NEW <input type="checkbox"/> USED <input checked="" type="checkbox"/>	FORMER USE (if applicable)	DEMONSTRATOR <input type="checkbox"/> FORMER LEASED CAR <input type="checkbox"/> POLICE CAR <input type="checkbox"/> TAXICAB <input type="checkbox"/> FORMER DAILY RENTAL <input type="checkbox"/>
Year <b>2006</b>	Make <b>CADILLAC</b>	Model <b>CTS</b>	Body Type <b>4 DOOR SEDAN</b>
Vehicle Identification No. <b>1G6DP577960</b>	Color 1st <b>WHITE</b> 2nd <b>DIAMOND</b> 3rd	Interior 1st 2nd 3rd	Top
Odometer <b>10607</b>	Cyl. <b>6</b>	Pass.	Doors
Expected Delivery Date <b>11/13/06</b>		(SEE ATTACHED ODOMETER STATEMENT)	
TRADE-IN Year <b>1999</b> Make <b>MAZDA</b> Model <b>MILLE</b> Type <b>4 DOOR</b> Color <b>BLACK</b>	REGISTRATION AND TITLE INFORMATION		Price of Unit <b>\$ 25820.00</b>
V.I.N. <b>JM1TA2227X1</b>	DATE OF BIRTH	OPERATOR'S LICENSE NO. <b>5700539</b>	
Odometer <b>31105</b> (mi/km)	MO DAY YEAR		
<input checked="" type="checkbox"/> I CERTIFY THIS ODOMETER READING TO BE CORRECT	SOC. SEC. NO.		
Transmission <input type="checkbox"/> Standard (Speeds) <input type="checkbox"/> Auto	<b>BARRINGTON</b>		
No. of Cyl. <b>6</b> Pass. Doors	CITY/TOWN WHERE VEHICLE GARAGED		
Title No. State	IS OWNER'S PRIVILEGE TO REGISTER OR OPERATE A VEHICLE SUSPENDED IN ANY STATE OR JURISDICTION? <input type="checkbox"/> NO <input type="checkbox"/> YES		
LIENHOLDER	TEMPORARY PLATES - REGISTRATION NO.		
Address			
City/State/Zip			
Acct. No. Check No.			
Balance Due \$ <b>N/A</b>			
Additional Information-Vehicle Purchased			
LIENHOLDER			
Address			
City/State/Zip			
INSURANCE CO. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Coll. <input type="checkbox"/> Liab.			
Agent/Branch			
Address/City			
<p>In the event I fail to take delivery of the vehicle purchased by me within forty-eight (48) hours after I have been notified by you that it is ready for delivery and pay the total contract price in the manner indicated, my deposit in the amount of \$ <b>N/A</b> may, at your option, be retained by you to compensate you in whole or in part for any losses sustained by you. Your right to retain my deposit shall be in addition to and not instead of any other right or remedy provided by applicable law including, without limiting the generality of the foregoing, the sale of the car or truck I agree to purchase. If the amount of my deposit exceeds actual damages sustained by you, you will promptly refund the difference to me.</p> <p>Purchaser's Initials</p>			
<p>IF THIS CONTRACT IS FOR A USED VEHICLE, THE INFORMATION YOU SEE ON THE (FEDERAL TRADE COMMISSION) WINDOW FORM IS PART OF THIS CONTRACT. INFORMATION ON THE WINDOW FORM OVERRIDES ANY CONTRARY PROVISIONS IN THE CONTRACT OF SALE.</p> <p><b>TERMS OF WARRANTY</b></p> <p><input checked="" type="checkbox"/> MANUFACTURER'S WARRANTY (See Other Side For Details)</p> <p><input type="checkbox"/> OTHER WARRANTY</p> <p><input type="checkbox"/> NO WARRANTY</p> <p>THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND THE SELLER NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THE VEHICLE.</p> <p>Purchaser's Initials</p>			
<p><b>ATTENTION PURCHASER:</b></p> <p>RHODE ISLAND LAW REQUIRES THAT ALL MOTOR VEHICLES SOLD AT RETAIL MUST BE IN SUCH CONDITION AS TO PASS A STATE SAFETY INSPECTION AT THE TIME OF SALE SO AS TO PROTECT CONSUMER.</p> <p>THIS ORDER IS NOT VALID UNLESS SIGNED AND ACCEPTED BY DEALER OR HIS AUTHORIZED REPRESENTATIVE</p> <p><input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>APPROVED BY RHODE ISLAND DEALERS ASSOCIATION</p>			
<p>BOTH BUYER AND SELLER HAVE EXAMINED THE TITLE CERTIFICATE OF THIS MOTOR VEHICLE AND IT CORRECTLY REFLECTS THE MILEAGE AS IT APPEARS ON THE ODOMETER</p>		<p>1. TOTAL PRICE <b>\$ 26215.00</b></p> <p>2. Credit/Over-Allowance <b>\$ N/A</b></p> <p>3. Trade-in Allowance <b>\$ 5000.00</b></p> <p>4. Trade Difference (line 1 minus lines 2 &amp; 3) <b>\$ 21215.00</b></p> <p>5. Sales Tax (% of line 4) <b>1485.05</b></p> <p>6. Title Preparation <b>\$ 20.00</b></p> <p>7. Documentary Fee <b>\$ 75.00</b></p> <p>8. Other <b>\$</b></p> <p>9. TOTAL CONTRACT PRICE (total of lines 4,5,6,7, &amp; 8) <b>\$ 22855.05</b></p> <p>10. Balance Due on Trade-In <b>\$ N/A</b></p> <p>11. Total Lines 9 &amp; 10 <b>\$ 22855.05</b></p> <p>12. Deposit <b>\$ N/A</b></p> <p>13. Amount to be Financed <b>\$ N/A</b></p> <p>14. Cash due on Delivery <b>22855.05</b></p> <p>15. TOTAL PAYMENT (total of lines 12,13 and 14) (line 15 must equal line 11) <b>\$ 22855.05</b></p>	
<p>PURCHASER'S SIGNATURE</p> <p><input checked="" type="checkbox"/></p>		<p>APPROVED BY RHODE ISLAND DEALERS ASSOCIATION</p> <p><input checked="" type="checkbox"/></p>	