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 | Repository ☐ |
|---|---|
| 07-NOV-2013 | Reference No. 10551252 |

## OWNER INFORMATION (Type or Print)

| Name | | Daytime Telephone Number | E-mail Address |
|---|---|---|---|
| Address | | Evening Telephone Number | |
| City: MILLERSVILLE | State: MD | Zip Code: | |

*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 |
|---|---|---|---|
| 1G6KD54Y74U | CADILLAC | DEVILLE | 2004 |

| Date Purchased | Dealer's Name and Telephone Number | | | Engine: No: Cylinders | Fuel Type: |
|---|---|---|---|---|---|
| 2004-05 | Fitz | | | | |
| Original Owner ☑ | Dealer's City: Annapolis | State: Md. | Zip Code | 8 | Regular |

| Transmission Type | | Powertrain | Multiple Failure: | Incident Date(s) |
|---|---|---|---|---|
| Auto | ☑ Antilock Brakes<br>☑ Cruise Control | | | 15-MAR-2013 |

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

| Vehicle Component Code: 010000 STEERING | Failure Mileage | Failure Speed |
|---|---|---|
| | 24000 | |

## 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 2004 CADILLAC DEVILLE. THE CONTACT STATED THAT WHILE MAKING A RIGHT TURN AT UNKNOWN SPEEDS, THE STEERING WHEEL SEIZED. THE CONTACT STOPPED THE VEHICLE TO RESTART IT AND IT FUNCTIONED PROPERLY. THE VEHICLE WAS NOT TAKEN TO THE DEALER FOR INSPECTION. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 24,000.

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