

 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 Received 07-NOV-2013		Repository ☐ Reference No. 10551252			
OWNER INFORMATION (Type or Print)						Daytime Telephone Number [REDACTED]		E-mail Address [REDACTED]	
Name [REDACTED]		Address [REDACTED]		Evening Telephone Number [REDACTED]					
City MILLERSVILLE		State MD		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 1G6KD54Y74L [REDACTED]				Make CADILLAC		Model DEVILLE		Model Year 2004	
Date Purchased 2004-05		Dealer's Name and Telephone Number [REDACTED]				Engine: No: Cylinders 8		Fuel Type: Regular	
Original Owner ☒		Dealer's City Annapolis		State MD		Zip Code [REDACTED]			
Transmission Type Auto		☒ Antilock Brakes ☒ Cruise Control		Powertrain [REDACTED]		Multiple Failure: [REDACTED]		Incident Date(s) 15-MAR-2013	
FAILED COMPONENT(S)/PART(S) INFORMATION									
Vehicle Component Code: 010000 STEERING						Failure Mileage 24000		Failure Speed [REDACTED]	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE									
Tire Make [REDACTED]		Tire Model (Name or Number) [REDACTED]				Tire Size (Example P215/65R15) [REDACTED]			
DOT No. (Example: DOTM19ABC036) [REDACTED]		☐ Original Equipment ☐ Prior Repair		Failure Location: [REDACTED]					
Tire Component Code [REDACTED]						Tire Failure Type: [REDACTED]			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE									
Make: [REDACTED]		Date Manufactured: [REDACTED]		Model No./Name: [REDACTED]					
Seat Type: [REDACTED]		Installation System: [REDACTED]							
Child Seat Component Code: [REDACTED]				Failed Part: [REDACTED]					
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 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									
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.									