

AUG 11 2014

 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		FOR AGENCY USE ONLY "100148"	
Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET:www.nhtsa.dot.gov/hotline		Date Received 06-JUN-2014	Repository <input type="checkbox"/> Reference No. 10596577
OWNER INFORMATION (Type or Print)			
Name [REDACTED]		Daytime Telephone Number [REDACTED]	
Address [REDACTED]		E-mail Address [REDACTED]	
City SANDERSON	State FL	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 1G6KS52Y8VU [REDACTED]		Make CADILLAC	Model SEVILLE
Date Purchased	Dealer's Name and Telephone Number CARZ-4-LESS-904-3371380	Engine: No: Cylinders 8	Model Year 1997
Original Owner <input type="checkbox"/>	Dealer's City Jacksonville	State FL	Zip Code 32218
Transmission Type ATO-	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 05-JUN-2014
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes: ENGINE (PWS), 110000 ELECTRICAL SYSTEM		Failure Mileage 137000	Failure Speed 60
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make MASTER CRAFT GOODRICH	Tire Model (Name or Number)	Tire Size (Example P215/65R15) 225-60R-16	
DOT No. (Example: DOTM1A9ABC036)	<input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: EMAGIAC	
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 1997 CADILLAC SEVILLE. THE CONTACT STATED WHILE DRIVING APPROXIMATELY 60 MPH, THE VEHICLE STALLED WITHOUT WARNING. THE VEHICLE WAS MANEUVERED TO THE SIDE OF THE ROAD. THE CONTACT WAS ABLE TO RESTART THE VEHICLE HOWEVER, THE FAILURE OCCURRED FIFTEEN TIMES WITHIN AN HOUR. THE VEHICLE WAS NOT TAKEN TO THE DEALER FOR DIAGNOSTIC TESTING. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 137,000. Dealer did not do a thing			
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 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.			