

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

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

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148



U.S. Department of Transportation
National Highway Traffic Safety Administration

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

Repository

22-AUG-2014

Reference No.
10627483

OCT 09 2014

OWNER INFORMATION (Type or Print)

Name [Redacted]

Address [Redacted]

City MOON TOWNSHIP

State PA

Zip Code [Redacted]

Daytime Telephone Number [Redacted]

E-mail Address
NOEMAIL@UNK.GOV

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
1G6KD54YX1U [Redacted]

Make
CADILLAC

Model
DEVILLE

Model Year
2001

Date Purchased
6/11/2007

Dealer's Name and Telephone Number
MOON TWP Cadillac (412) 269-1234

Engine:
No. Cylinders 8

Fuel Type:
gas

Original Owner

Dealer's City
MOON TWP

State
PA

Zip Code
15108

Transmission Type
Automatic w/OD

Antilock Brakes
 Cruise Control

Powertrain

Multiple Failure:

Incident Date(s)
05-SEP-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS

Failure Mileage
40000

Failure Speed
20

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make
Firestone

Tire Model (Name or Number)
Bridgestone

Tire Size (Example P215/65R15)
yes (std)

DOT No. (Example: DOTM19ABC036)

Original Equipment
 Prior Repair

Failure Location: Did not FAIL

Tire Component Code

Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:
Seat Type:
Child Seat Component Code:

Date Manufactured:
Installation System:
Failed Part:

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: 1 Number of Deaths: 0 Reported to Police: Y

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 OWNED A 2001 CADILLAC DEVILLE. WHILE DRIVING APPROXIMATELY 20 MPH, ANOTHER VEHICLE CRASHED INTO THE FRONT DRIVER SIDE OF THE CONTACT'S VEHICLE. THE AIR BAGS FAILED TO DEPLOY. THE CONTACT MENTIONED THAT THE DRIVER SUSTAINED NECK AND BACK INJURIES THAT REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS DESTROYED AND TOWED TO REPAIR SHOP. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 40,000.

Air Bags, SEAT BELTS FAILED to Deploy. Knocked UNCONSCIOUS. Taken to Hospital by Ambulance. Seen Primary DR. 3 TIMES (DR S. OSMAWSKI) Also by GP ORTHOPAEDICS FOR MRI, X RAYS (DR D. THOMAS) 15 TIMES with Thorn Row CHIROPRACTICS. OVER \$20,000 IN DAMAGES. My out of Pockets + APPROX 3,000. I did not SUE (PA. HAS NO FAULT, Limited Tort)

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice. OTHERS. PLV. 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.



First Township In Allegheny County
Founded in 1788

Moon Township Police Department
1000 Beaver Grade Road
Moon Township, PA 15108
Phone: 412-262-5000 Fax: 412-269-7816

CASSANDRA @AAA TRAVELERS

9/15/07
Called

MTPD-2007
Visit us at www.moonpolice.us
Copies of crash reports can be
obtained Monday thru Friday
Contact us for more info

NOTICE OF CRASH

REPORTABLE You have been involved in a reportable crash. A report will be filed with PennDOT. NON REPORTABLE You have been involved in a non reportable crash. A record will be kept at our department.

Date	Day	Time	Incident No.	Officer
9/15/07	SAT	12:33	[REDACTED]	D'ANGELO
Location	Units	Weather		
THORN RUN @ BEAVER GRADE	2	SUNNY / DRY		

UNIT 1

Driver	DOB	OLN	State	M	F	
[REDACTED]	[REDACTED]	[REDACTED]	PA			
Address	Phone					
[REDACTED]	[REDACTED]					
Airbag Deployed	Seatbelt In Use	Driver Injured	EMS	Hospital	Unit Towed	
Y N	Y N	Y N	Y N		Y N	
Owner	Address					
[REDACTED]	[REDACTED]					
Make	Model	Year	Reg	State	Color	VIN
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Ins. Policy No.	Company		Violations			
[REDACTED]	[REDACTED]		[REDACTED]			

UNIT 2

Driver	DOB	OLN	State	M	F	
[REDACTED]	[REDACTED]	[REDACTED]	PA			
Address	Phone					
[REDACTED]	[REDACTED]					
Airbag Deployed	Seatbelt In Use	Driver Injured	EMS	Hospital	Unit Towed	
Y N	Y N	Y N	Y N		Y N	
Owner	Address					
[REDACTED]	[REDACTED]					
Make	Model	Year	Reg	State	Color	VIN
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Ins. Policy No.	Company		Violations			
[REDACTED]	[REDACTED]		[REDACTED]			

UNIT 3

Driver	DOB	OLN	State	M	F	
[REDACTED]	[REDACTED]	[REDACTED]				
Address	Phone					
[REDACTED]	[REDACTED]					
Airbag Deployed	Seatbelt In Use	Driver Injured	EMS	Hospital	Unit Towed	
Y N	Y N	Y N	Y N		Y N	
Owner	Address					
[REDACTED]	[REDACTED]					
Make	Model	Year	Reg	State	Color	VIN
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Ins. Policy No.	Company		Violations			
[REDACTED]	[REDACTED]		[REDACTED]			

WITNESSES

Name	Address	Phone
[REDACTED]	[REDACTED]	[REDACTED]

COMMENTS - passengers may be listed here

Handwritten notes in the comments section, including "UNIT 1" and other illegible text.

CLAIM OFFICE ADDRESS:
1550 OMEGA DR
PITTSBURGH, PA 15205



AMOUNT
5839.84

BLOCK NUMBER
006281

CONTACT: CLAIMS SERVICE DEPARTMENT
PHONE: 412-859-6605

PAGE 1 OF 1

ACCIDENT DATE: 09/15/07

INSURED NAME: [REDACTED]

OSN: VV0101091901-[REDACTED]
CLAIM NUMBER: [REDACTED]
POLICY NUMBER: [REDACTED]
INSURED OPERATOR: [REDACTED]

CLAIMANT NAME: [REDACTED]

COVERAGE	INVOICE NO	DATES OF SERVICE	CHARGES	PAID AMT	ADJUSTMENTS
LIABILITY - PROPERTY DAMAGE		09/18/07-09/18/07	5839.84	5839.84	
		TOTAL CHARGE:		5839.84	
		TOTAL PAID:		5839.84	
		TOTAL DEDUCTIBLE:		0.00	
		TOTAL WITHHOLDING:		0.00	
		CHECK AMOUNT:		5839.84	

NOTES
PAYMENT FOR FEDORIS CADILLAC AS REVIEWED AND ESTIMATED BY LM IN AMOUNT OF 5839.84 RECEIVED VERBAL DIRECTION TO PAY DIRECT TO SHOP - THANKS

ROBINSON TOWNSHIP, PA-CPU
1550 OMEGA DR
PITTSBURGH, PA 15205



EXPLANATION OF PAYMENT FOR:

[REDACTED]
MOON TOWNSHIP, PA [REDACTED]
USA