

 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 28-AUG-2014 OCT 23 2014	Repository ☐ Reference No. 10629090
OWNER INFORMATION (Type or Print)			
Name [REDACTED]		Daytime Telephone Number [REDACTED]	
Address [REDACTED]		Evening Telephone Number [REDACTED]	
City DURHAM	State NC	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 1G6KD54Y85U [REDACTED]		Make CADILLAC	Model Year 2005
Date Purchased 6-8-2005		Engine: No: Cylinders 8	Fuel Type: G
Original Owner ☐	Dealer's Name and Telephone Number University G.M.	State NC	Zip Code 27701
Transmission Type ☐ Antilock Brakes ☐ Cruise Control	Powertrain Multiple Failure:	Incident Date(s) 01-AUG-2013	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 110000 ELECTRICAL SYSTEM		Failure Mileage 50000	Failure Speed
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make Michlen	Tire Model (Name or Number)	Tire Size (Example P215/65R15) 225-60-16	
DOT No. (Example: DOTM19ABC036)	☐ 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 ☐ 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 2005 CADILLAC DEVILLE. WHILE DRIVING VARIOUS SPEEDS, THE VEHICLE STALLED WITHOUT WARNING. THE VEHICLE WAS ABLE TO BE RESTARTED, BUT THE FAILURE RECURRED SEVERAL TIMES. THE CONTACT RECEIVED A RECALL NOTIFICATION FOR NHTSA CAMPAIGN NUMBER: 14V355000 (ELECTRICAL SYSTEM); HOWEVER, THE PART NEEDED FOR THE REPAIR WAS UNAVAILABLE. THE MANUFACTURER WAS NOT NOTIFIED. THE APPROXIMATE FAILURE MILEAGE WAS 50,000.			
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 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.			