

 <p>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</p>		FOR AGENCY USE ONLY 100148	
		Date Received 09-SEP-2014 OCT 22 2014	Repository <input type="checkbox"/> Reference No. 10631999
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	
Address		E-mail Address NOEMAIL@UNK.GOV	
City MEDARA	State CA	Zip Code	
<p>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).</p>			
VEHICLE INFORMATION			
17 digit vehicle identification number Located at bottom of windshield on driver's side 1G6KF57974U		Make CADILLAC	Model Year 2004
Date Purchased	Dealer's Name and Telephone Number		Model DEVILLE
Original Owner <input type="checkbox"/>	Dealer's City	Engine: No: Cylinders	Fuel Type:
State	Zip Code		
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 09-FEB-2014
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 140000 AIR BAGS		Failure Mileage 80000	Failure Speed
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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0
		Reported to Police Y	
<p>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).</p> <p>TL* THE CONTACT OWNS A 2004 CADILLAC DEVILLE. THE CONTACT STATED THAT ANOTHER VEHICLE CRASHED INTO THE REAR OF THE CONTACT'S VEHICLE. AS A RESULT, THE CONTACT'S VEHICLE CRASHED INTO ONE OTHER VEHICLE. THE AIR BAGS FAILED TO DEPLOY. THE CONTACT RECEIVED A RECALL NOTICE FOR NHTSA CAMPAIGN NUMBER: 14V355000 (ELECTRICAL SYSTEM). A POLICE REPORT WAS FILED. THE CONTACT SUSTAINED INJURIES THAT REQUIRED MEDICAL ATTENTION. THE DEALER REPAIRED THE VEHICLE. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE SPEED WAS UNKNOWN. THE FAILURE MILEAGE WAS 80,000.</p> <p><i>I received the Recall notice after the accident</i></p>			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
<p>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.</p>			

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

On Feb 10 2014 I was at stop light in Fresno on Shou' and a woman traveling about 40 miles an hour hit me from behind and caused my car to hit the person in front of me. So she rear ended me and caused me to rear end another car that was stopped at the light. My steering column was badly damaged, my upper and lower panel were broken,

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my motor mounts all four we damaged, my back end was damaged, and I am still have my muffler and frame checked for damage

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

my air bag did not deploy.

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



Think your vehicle has a safety defect?



If so:
Use the enclosed form to file a report.

or visit:
www.safercar.gov

or call:
Vehicle Safety Hotline
888-327-4236



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration