

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) DOT Auto Safety Hotline		FOR RECORD ONLY 100148
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received: 12-SEP-2014 OCT 22 2014
<b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		Repository <input type="checkbox"/> Reference No. 10632693
<b>OWNER INFORMATION (Type or Print)</b>		
Name		Daytime Telephone Number
Address		E-mail Address NOEMAIL@UNK.GOV
City ADELANTO	State CA	Evening Telephone Number
Zip Code		
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).		
<b>VEHICLE INFORMATION</b>		
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make
1G6KD54Y3YU		CADILLAC
		Model
		DEVILLE
		Model Year
		2000
Date Purchased	Dealer's Name and Telephone Number	
12-1-03	Cadillac	
Original Owner <input type="checkbox"/>	Dealer's City	State
	River Side	CA
		Zip Code
		95101
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain
	<input type="checkbox"/> Cruise Control	
Multiple Failure:		Incident Date(s)
		03-MAR-2014
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>		
Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 140000 AIR BAGS		Failure Mileage
		57000
		Failure Speed
		25
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>		
Tire Make	Tire Model (Name or Number)	Tire Size (Example, P215/65R15)
DOT No. (Example: DOTM9ABC036)	<input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type:	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>		
Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	
<b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury (ies).)</i>		
Crash <input checked="" type="checkbox"/> Yes <input 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 2000 CADILLAC DEVILLE. WHILE DRIVING APPROXIMATELY 25 MPH, THE VEHICLE STALLED WITHOUT WARNING. AS A RESULT, THE CONTACT'S VEHICLE WAS SIDESWIPE BY ANOTHER VEHICLE. THE AIR BAGS FAILED TO DEPLOY. A POLICE REPORT WAS NOT FILED AND THERE WERE NO INJURIES. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOTIFIED. THE APPROXIMATE FAILURE MILEAGE WAS 57,000.		
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.		

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

Engine power, power steering and power braking affected increasing A crash or Incident.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

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BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

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

