

 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	
U.S. Department of Transportation National Highway Traffic Safety Administration				Date Received NOV 20 2014 07-OCT-2014	
Repository <input type="checkbox"/>				Reference No. 10643065	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	
City		State		Evening Telephone Number	
ROCKY HILL		CT			
Zip Code		E-mail Address			
		NOEMAIL@UNK.GOV			
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		Make		Model	
1G6KD5EY9AU		CADILLAC		DTS ✓	
Model Year		Engine:		Fuel Type:	
2010		No: Cylinders		GAS	
Date Purchased		Dealer's Name and Telephone Number		State	
2012		O'CONNOR CAD		MAINE	
Original Owner		Dealer's City		Zip Code	
<input type="checkbox"/>		AUGUSTA MAINE			
Transmission Type		Powertrain		Multiple Failure:	
<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control				Incident Date(s)	
				07-OCT-2014	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 110000 ELECTRICAL SYSTEM				Failure Mileage	
				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		Fire		Number of Persons Injured	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 2010 CADILLAC DTS. THE CONTACT RECEIVED A NOTIFICATION FOR RECALL NHTSA CAMPAIGN: 14V355000 (ELECTRICAL SYSTEM), HOWEVER, THE PARTS NEEDED WERE UNAVAILABLE. THE DEALER WAS UNCERTAIN WHEN THE PARTS WOULD BECOME AVAILABLE TO SERVICE THE VEHICLE UNDER THE RECALL. THE MANUFACTURER WAS NOTIFIED OF THE PROBLEM AND HAD NOT GIVEN THE CONTACT AN EXPLANATION AND STATED THAT THEY WOULD CONTACT HIM LATER. THE CONTACT HAD NOT EXPERIENCED A FAILURE.					
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 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.					