


APR 27 2015

 <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 19-MAR-2015	Repository <input type="checkbox"/> Reference No. 10695460
OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		Daytime Telephone Number
Address	[REDACTED]		E-mail Address
City	State	Zip Code	Evening Telephone Number
NORTON SHORE	MI	[REDACTED]	
<p><i>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).</i></p>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GYEK63N02R [REDACTED]		Make CADILLAC	Model Year 2002
Date Purchased	Dealer's Name and Telephone Number		Model ESCALADE
Original Owner <input type="checkbox"/>	Dealer's City	State	Fuel Type:
Transmission Type	Antilock Brakes <input type="checkbox"/>	Powertrain	Engine: No: Cylinders
	Cruise Control <input type="checkbox"/>	Multiple Failure:	Incident Date(s) 19-MAR-2013
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes: 100000 POWER TRAIN, 116000 ELECTRICAL SYSTEM: IGNITION		Failure Mileage 60000	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 <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>			
Crash <input type="checkbox"/> Yes <input checked="" 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	
<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 2002 CADILLAC ESCALADE. WHILE DRIVING AT AN UNKNOWN SPEED WITH THE FOUR WHEEL DRIVE ENGAGED, THE VEHICLE FAILED TO SWITCH BACK TO TWO WHEEL DRIVE WITHOUT WARNING. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC, WHERE IT WAS DIAGNOSED THAT THE IGNITION LOCK NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 60,000.</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>			

Was This ever Recalled?

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

I had the following work completed on my 2002 Cadillac Deville - fluid leaked on the Carpet drivers side - from the Hydro Booster - The Booster was replaced but now have to have Carpet Cleaned - Front differential was replaced - was not switching back to 2WD while drive after four wheel was engaged - Gas mileage was terrible - Mileage on Cadillac 126,012 Not 60,000 -

Work was completed by J.G. Auto 2975 5th St. Repair Copy Enclosed - ATTACH ADDITIONAL SHEETS IF NECESSARY Twp Lata MI. 49457

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

GRAND RAPIDS

MI 495

10 APR '15

PM 11



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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.safecar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



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

126012 miles

J.G. Auto

2975 SFT ST. TWIN LAKES MI 49457

1-231-828-5205

MATERIAL: ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED

ADDRESS [REDACTED]
 CITY, STATE, ZIP [REDACTED]
 2ND AUTHORIZED NAME [REDACTED] PHONE [REDACTED]

QTY.	PART NO.	NAME OF PART	PRICE	WARRANTY Y/N
1		Horn booster	105.00	Y
1		Front Diff complete	165.00	Y
		3YR WARRANTY PART ONLY	170.00	Y
TOTAL PARTS			170.00	

CUSTOMER'S INFORMATION

RECEIVED (DATE & TIME) 4-6-15 A.M. / P.M. CUSTOMER'S ORDER NO. _____ PROMISED (DATE & TIME) 4-6-15 A.M. / P.M.

YEAR • MAKE • MODEL 02 Caddy ESCALADE SERIAL #/VIN _____ MOTOR # 610

LICENSE NO. _____ ODOMETER 126,000 WRITTEN BY J.G.

LUBE OIL CHANGE FLUSH TRANS. FLUSH DIFF. WASH POLISH

CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL *

Front Diff	165.00
Horn Booster	105.00
Bleed system	

MECHANICS RECOMMENDATIONS

Estimated cost \$ _____ Estimate Charge _____ Basis for Charge _____

METHOD OF PAYMENT:
 CHECK CHARGE CASH

LABOR
 FLAT RATE HOURLY BOTH

RETAIN PARTS DESTROY PARTS

AUTHORIZED BY _____

Daily Storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification.

GUARANTEED ITEM(S) NONE

GUARANTEE EFFECTIVE UNTIL: TIME _____ MILEAGE NONE

LABOR ONLY	270.00
PARTS	170.00
ACCESSORIES	38.00
GAS, OIL & GREASE	
MISC. MERCHANDISE	15.00
SUBLET REPAIRS	
STORAGE FEE	
TAX	43.00
TOTAL	261.00

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
 I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in MD)

- I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.
- I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
- I DO NOT REQUEST A WRITTEN ESTIMATE.

*Checked lines apply (Preparer must check at least one):
 This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.
 This amount includes a charge of \$ _____, which is required under _____ law.

You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following: _____ I do not desire the return of any of the parts that are replaced during the authorized repairs.

Estimate good for 30 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate my vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto. If I cancel repairs prior to their completion for any reason, a tear-down and reassembly fee of \$ _____ will be applied.

SIGNED _____
 DATE 4-6-15

adama
 GT3670
 08-11

