

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148



U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

Date Received <i>15-APR-2015</i> <i>APR 29 2015</i>	Repository <input type="checkbox"/>
Reference No. 10705859	

OWNER INFORMATION (Type or Print)

Name	[REDACTED]			Daytime Telephone Number	E-mail Address
Address	[REDACTED]			Evening Telephone Number	
City	GRAND JUNCTION	State	TN	Zip Code	[REDACTED]

SAMERS Base

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 <i>1G6KF579XYL</i>		Model CADILLAC	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number <i>Serrachev.</i>	Engine: <i>NORTHSTAR</i>	Fuel Type: <i>unleaded</i>
Original Owner <input type="checkbox"/>	Dealer's City <i>JACKSON</i>	No: Cylinders <i>8</i>	
Transmission Type <i>Auto mate</i>	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain <i>V-8</i>	Multiple Failure: <i>Running hot</i>
		State <i>TN</i>	Zip Code
		Incident Date(s) 17-DEC-2014	

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: ENGINE (PWS)	Failure Mileage 101000	Failure Speed 65
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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 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
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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 ~~STS~~ WHILE DRIVING 65 MPH, THE ENGINE COOLING SYSTEM OVERHEATED WITHOUT WARNING. THE FAILURE RECCURED TWICE. THE VEHICLE WAS TAKEN TO THE DEALER. THE TECHNICIAN DIAGNOSED THAT THE HEAD GASKET NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE VIN WAS NOT PROVIDED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 101,000. *Also IT RAN HOT during 30 MPH + NOW IT get hot when you start veh. up. Dealer Shop states car needs a new engine.*

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.