U.S. Department of Transportation

National Highway Traffic Safety Administration

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 1058

Date Received	Repository ☐
03-AUG-2015 SEP 12 2015	Reference No. 10744288

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City: SAINT AUGUSTINE	State: FL	Zip Code: [redacted]	Evening Telephone Number

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	Model Year
1G6DW6ED4B0[redacted]	CADILLAC	STS	2011

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
9-27-12	FIELDS CADILLAC			No: Cylinders 6	Gas
Original Owner ☐	Dealer's City: SAINT AUGUSTINE	State: FL	Zip Code: 32084		

Transmission Type			Multiple Failure:	Incident Date(s)
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain	1	03-AUG-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 185000 VEHICLE SPEED CONTROL: CRUISE CONTROL	Failure Mileage	Failure Speed
	59000	VARIOUS

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: DOTMAL9ABC036)	☐ Original Equipment ☐ 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	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

2011 CADILLAC STS. CONSUMER WRITES IN REGARDS TO CRUISE CONTROL ACTIVATED ON ITS OWN. *SMD

SINCE I ORIGINALLY REPORTED THIS PROBLEM, I KEPT A LOG THAT SHOWS THE CRUISE CONTROL ACTIVATED ON (24) ADDITIONAL DAYS, SOMETIMES MORE THAN ONCE PER DAY. MOSTLY AT SPEEDS IN THE LOW TEENS AND MID 40'S.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY