 <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	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 13-JAN-2016 FEB 25 2016	Repository <input type="checkbox"/> Reference No. 10819987
OWNER INFORMATION (Type or Print)			
Name [REDACTED]		Daytime Telephone Number [REDACTED]	E-mail Address
Address [REDACTED]		Evening Telephone Number	
City CATHEDRAL CITY	State CA	Zip Code [REDACTED]	
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 1G6KD57Y26W122465 1G6KD57Y26W122465		Make CADILLAC	Model CTS
		Model Year 2006	
Date Purchased June 2006	Dealer's Name and Telephone Number JESSUP AUTO 160 328-9999		Engine: No: Cylinders 8
		Fuel Type: Regular	
Original Owner <input checked="" type="checkbox"/>	Dealer's City Cathedral	State CA	Zip Code 92234
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain V8	Multiple Failure: 34080 Prob
			Incident Date(s) 17-MAR-2015
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: ENGINE (PWS)		Failure Mileage 36500	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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths
		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 2006 CADILLAC CTS. THE CONTACT NOTICED A LARGE AMOUNT OF ENGINE OIL LEAKED ONTO THE GROUND. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC, WHO REPLACED THE VALVE COVER. THE FAILURE PERSISTED AFTER THE REPAIR. THE VEHICLE WAS TAKEN TO TWO OTHER INDEPENDENT MECHANICS THAT CONFIRMED THE OIL PAN GASKET WOULD NEED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. IN ADDITION, THE WATER PUMP WAS REPLACED ON FOUR SEPARATE OCCASIONS. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 36,500.			
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.			

Performance *ve*

36033 Camp
Cathedral City, CA
Phone - 760-321-7000 Fax - 760-321-1313

Sub Estimate For Order #



BAR#: ARD00257080
EPA#: CAL000338619

For All Your Automotive Needs!!

ESTIMATE FOR SERVICES

Estimate Date : 11/14/2013

[Redacted]
Cathedral City, CA *[Redacted]*
Cell # *[Redacted]*

2006 Cadillac - DTS
Lic # : *[Redacted]* Odometer In: 31040
Unit # : *[Redacted]*
VIN # : 1G6KD57Y26U *[Redacted]*

Part Description / Number	Qty	Sale	Extended	Labor Description	Extended
Water Pump Gaskets - Lower 35656	2.00	20.31	40.62	WATER PUMP - Remove & Replace - All Applicable Models - [Includes: R&I Water Crossover.] - [NOTE: If necessary, add .3 for Cooling System/Overheating - Diagnosis.] Environmental Disposal Fee	440.55 8.68
Water Gasket - Upper 35659	2.00	20.31	40.62		
Water Pump 55-13518	1.00	196.09	196.09		

3R - PUMP

*Shred
8.30*

*Sony
~~10ES~~
8.30*

Parts : 277.33 Labor : 449.23 Tax : 24.96 Total : \$ 751.52

<p>Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911</p> <p>Having authority to do so I hereby order the above products and services, parts and labor and grant permission to you and/or your employees to operate the vehicle described for the purpose of testing and/or inspection. I agree to pay cash when the work is completed or to pay on other terms satisfactory to you. Until paid in full, the amount owing on this work shall constitute a lien on the motor vehicle. If collection is made by suit or otherwise, I agree to pay storage and collection and reasonable attorney's fees.</p> <p>Customer Sign: _____ Date: _____</p>	<input type="checkbox"/> This vehicle received without face to face customer contact. Shop Representative _____	<p>YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAYBE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.</p> <p>1. I request an estimate in writing before you begin repair _____</p> <p>2. Please proceed with repairs, but call me before continuing if the price will exceed \$ _____</p> <p>3. I do not want an estimate _____</p> <p>Do you want the replaced parts you are entitled to? <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Payment will be made by <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit <input type="checkbox"/> Card Charge</p> <p>Call when vehicle is ready <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>
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PARTS INSTALLED ARE NEW UNLESS SPECIFIED OTHERWISE

* CODE N-NEW U-USED R-REBUILT

QTY.	PART No. or DESCRIPTION	SALE
2	N VALVE COVER SCREWS	180
1	N HOSE CLAMP	

DARE CADILLAC
INDEPENDENT SERVICE CENTER
 68-800 Ramon Rd. • Cathedral City, CA 92234-3384
 Phone (760) 328-0333
 BAR Reg. No. ARD 00250413 • EPA No. CAL 00323766

DATE	1/6/06
TIME RECEIVED	OPERATION
	A.M. MAINT. INSPECTION <input type="checkbox"/>
PROMISED	A.M. LUBRICATION <input type="checkbox"/>
	P.M. CHANGE OIL GRADE <input type="checkbox"/>
WRITTEN BY:	CHANGE OIL FILTER CART. <input type="checkbox"/>
	TRANS. <input type="checkbox"/>
	DIFF. <input type="checkbox"/>
	AIR COND. <input type="checkbox"/>
	SERV. SMOG <input type="checkbox"/>
	RETAIN PARTS <input type="checkbox"/>
	DISCARD PARTS <input type="checkbox"/>

NAME: [REDACTED]
 ADDRESS: [REDACTED]
 CITY: CAT City CA ZIP: [REDACTED]
 YEAR-MAKE-MODEL: 06 CAD DTS LICENSE No. [REDACTED] MILEAGE: 30,681

PHONE

RESIDENCE [REDACTED]
 BUSINESS [REDACTED]

VEHICLE I.D. No. [REDACTED] CASH CHARGE INTERNAL OK'd BY: [REDACTED]

OPER. No. REPAIR ORDER - LABOR INSTRUCTIONS

Check leak
 Replace Left + Right Valve Cover
 Screws, Spark plugs Screws + w/p
 Cam shaft screw

PAID
VISA

CHECK TIRE PSI: Front Rear Spare INFLATE 4 Tires & Spare Air Nitrogen

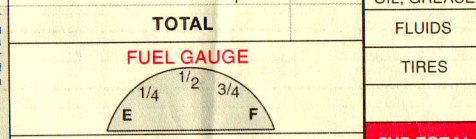
TIRES	FLUIDS, LUBRICANTS	GAS, OIL & GREASE	TOTAL LABOR
	A.T.F.	GALS. GAS	425.00
	COOLANT	QTS. OIL	170.24
		LBS. GREASE	
TOTAL	TOTAL	TOTAL	

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees, permission to operate the vehicle herein described, on streets, highways, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. In the event legal action is necessary to enforce this contract, I agree to pay costs of collection and reasonable attorney fees. I have read and understand the above and acknowledge receipt of an estimate, and a copy of the Song

Customer Signature [REDACTED] **TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE.**

ORIGINAL ESTIMATE \$	504.00	DATE	1/6	TIME	8:45	BY	Hester
REVISED ESTIMATE \$	600.00	DATE	1/6	TIME	8:45	BY	Hester
REVISED ESTIMATE \$		DATE		TIME		BY	

I ACKNOWLEDGE NOTICE and ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE.
 Customer Signature [REDACTED] Date



PRIOR BODY DAMAGE

L. Front Front R. Front

L. Side R. Side

L. Rear Rear R. Rear

SMOG CHECK: This is to advise you that some emission control devices may still be covered under manufacturer's warranty. By law, you may choose another Licensed Smog Check Facility to perform any needed repairs or adjustments which the smog check test indicates are necessary.

TOTAL	610.56
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Customer Initial **TOTAL SUBLET REPAIRS**

RECOMMENDED SERVICE:

Thank You

INVOICE COPY

FORM 412



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

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NEF-160

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ

