

From: [Reid, Randy \(NHTSA\)](#)
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: Incomings for Exec Sec 2 out of 4
Date: Wednesday, March 9, 2022 7:55:57 AM
Attachments: [REDACTED]

[REDACTED],

Please update VOQ 11440476 with the attached information and supporting documents in ArtMod.
CRD will not treat this submission as a correspondence or respond to this consumer.

Thanks



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



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 100148

Date Received

15-NOV-2021

Repository

Reference No.
11440476

OWNER INFORMATION (Type or Print)

Name

Address

City

Melbourne

State

FL

ZIP Code

Daytime Telephone Number

E-mail Address

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
1GYS4DEF5ER

MAKE
CADILLAC

Model
ESCALADE

Platinum

Model Year
2014

Date Purchased

Nov 13, 2019

Dealer's Name and Telephone Number

Toyota of Ann Arbor (734) 294-

Sheehan Cadillac
(954) 426-1800

Engine:

No: Cylinders 8

Fuel Type:

GAS

Original Owner

Dealer's City Ann Arbor

Pompano Beach, FLA

STATE

MI FLA

ZIP Code

48102-33064-7091

Transmission Type

Automatic

Antilock Brakes

Cruise Control

Powertrain

4 Wheel Drive

Multiple Failure:

Incident Date(s)

05-NOV-2021

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Components Codes: 020000 SUSPENSION

Failure Mileage
41000.0

Failure Speed

20mph

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: DOTMAL 9ABC036)

Original Requirement
 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), Injury(ies).)

Crash Yes No

Fire Yes No

Number of Persons Injured 0

Number of Deaths 0

Reported to Police

YES, Sheriff, Florida State Patrol
BREVARD COUNTY

Narrative Description of Incident(s), Crash(es), 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).

The contact owns a 2014 Cadillac Escalade. The contact stated while driving at various speeds, the vehicle would drive rough. The vehicle was taken to an independent mechanic where it was diagnosed with needing the struts and shocks replaced. The vehicle was repaired. The manufacturer was informed of the failure and told the contact that the VIN was not included in a recall regarding the failure. The failure mileage was approximately 41,000.

Took car to C+D Auto Center where we were told that the air ride needed to be replaced and not to drive it until its repaired, a car was dangerous. On the way home, we were approaching traffic light 3 vehicles in front of us, driving approx 20mph. Put on brakes, with both feet & car would not stop. Motor was revving. Turned car off. We had car repaired at C+D, new struts & shocks.

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.

CLAIM #

FLORIDA TRAFFIC CRASH DRIVER INFORMATION EXCHANGE

This Traffic Crash Report can be purchased online at: www.FloridaCrashReport.com

Crash Number	Reporting Agency FLORIDA HIGHWAY PATROL
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CRASH IDENTIFIERS

County of Crash BREVARD	City or Place of Crash MELBOURNE	<input type="checkbox"/> City Limits	Crash Date/Time 11/05/2021 11:13 AM	Reported Date/Time 11/05/2021 11:23 AM
Roadway Description for Location of Occurrence				

VEHICLE

V01	Year 2014	Make CAD	Model ESCALADE	Color BLK	State FL	License Number	Registration Expires 11/22/2022	<input type="checkbox"/> Permanent Registration	VIN 1GYS4DEF5E
Owner First Name		Owner Middle Name		Owner Last Name		Owner Suffix	Owner Business (if not Person)		
Address			Address Other			City MELBOURNE	State FL	Zip Code	
Owner Phone Number		Owner Phone Number (other)		Insurance Company THE STANDARD FIRE INSURANCE			Insurance Policy Number		
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles

VEHICLE

V02	Year 2015	Make MNNI	Model COOPER	Color BLU	State FL	License Number	Registration Expires 3/3/2022	<input type="checkbox"/> Permanent Registration	VIN WMWXM5C58F3
Owner First Name		Owner Middle Name		Owner Last Name		Owner Suffix	Owner Business (if not Person)		
Address			Address Other			City HARMONY	State FL	Zip Code	
Owner Phone Number		Owner Phone Number (other)		Insurance Company PROGRESSIVE SELECT INSURANCE COMPANY			Insurance Policy Number		
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles

VEHICLE

V03	Year 2015	Make CHEV	Model 2500	Color BLK	State FL	License Number	Registration Expires 12/31/2021	<input type="checkbox"/> Permanent Registration	VIN 1GC1KVE8XFF
Owner First Name		Owner Middle Name		Owner Last Name		Owner Suffix	Owner Business (if not Person)		
Address			Address Other			City COCOA	State FL	Zip Code	
Owner Phone Number		Owner Phone Number (other)		Insurance Company STATE FARM MUTUAL AUTOMOBILE INSURANCE			Insurance Policy Number		
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles

VEHICLE

V04	Year 2021	Make KIA	Model SOUL	Color ONG	State FL	License Number	Registration Expires 5/27/2022	<input type="checkbox"/> Permanent Registration	VIN KNDJ23AU3M7
Owner First Name		Owner Middle Name		Owner Last Name		Owner Suffix	Owner Business (if not Person)		
Address			Address Other			City LAKE MARY	State FL	Zip Code	
Owner Phone Number		Owner Phone Number (other)		Insurance Company PROGRESSIVE SELECT INSURANCE COMPANY			Insurance Policy Number		
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles

PERSON RECORD

Person Type DRIVER	NM#	Vehicle# V01	First Name	Middle Name	Last Name	Suffix
Address		Address Other		City MELBOURNE	State FL	Zip Code
Phone Number		Phone Number (other)		Other Comments (Write In)		

PERSON RECORD

Person Type PASSENGER	NM#	Vehicle# V01	First Name	Middle Name	Last Name	Suffix
Address		Address Other		City MELBOURNE	State FL	Zip Code
Phone Number		Phone Number (other)		Other Comments (Write In)		

PERSON RECORD

Person Type DRIVER	NM#	Vehicle# V02	First Name	Middle Name	Last Name	Suffix
Address		Address Other		City MELBOURNE	State FL	Zip Code
Phone Number		Phone Number (other)		Other Comments (Write In)		

PERSON RECORD

Person Type DRIVER	NM#	Vehicle# V03	First Name	Middle Name	Last Name	Suffix
Address		Address Other		City COCOA	State FL	Zip Code
Phone Number		Phone Number (other)		Other Comments (Write In)		

IMPORTANT INSTRUCTIONS REGARDING A NON-CRIMINAL TRAFFIC INFRACTION NOT REQUIRING A COURT APPEARANCE

If you were charged with a civil infraction, you must complete one of the following options **within 30 calendar days** of the date of this citation. If you fail to comply **within 30 calendar days**, your driving privilege will be suspended until you comply. You will then be subject to additional penalties. The contact information for the Clerk of Court in BREVARD County, where this violation occurred, is: BREVARD COUNTY COURT (VIERA), 2825 JUDGE FRAN JAMIESON WAY, VIERA, FLORIDA 32940, (321) 637-5413.

Option 1: You may pay the civil penalty in the amount of **\$169.00** to the Clerk of the Court of BREVARD County. You must enclose this citation if you mail payment, which may be a money order or a cashier's check. You may pay this citation on-line at www.payfclerk.com. Payment of the civil penalty is considered a conviction and points will be assessed, if applicable. You **will** be required to complete a driver improvement course if you are convicted of running a red light or passing a school bus. Your driving privilege will be suspended if you are convicted of not providing proof of insurance. Accumulation of points may increase the cost of your insurance. Mail Fine to: BREVARD COUNTY COURT - WWW.BREVARDCLERK.US, P.O. BOX 919026, ORLANDO, FLORIDA 32891. Pay in Person: BREVARD COUNTY COURT (VIERA), 2825 JUDGE FRAN JAMIESON WAY, VIERA, FLORIDA 32940, 8:00 AM - 5:00 P/M, M-F. Make Payable to: BREVARD COUNTY CLERK OF THE COURT.

Option 2: If you were cited for expired driver license, failure to display a valid driver license, expired tag, failure to possess a valid registration, or no proof of insurance, you may show proof to the Clerk of Court in BREVARD County that you had a valid driver license, tag/registration, or insurance, whichever is applicable, at the time of the offense. The charge will be dismissed upon payment of a dismissal fee.

Option 3: If you **do not** hold a commercial driver license and you were cited for driver license expired 6 months or less, expired tag 6 months or less, failure to display a valid driver license, failure to possess a valid registration, no proof of insurance, or driving while license suspended [see s. 322.34(10)(a), F.S.], you may elect to show proof of compliance to the Clerk of Court in BREVARD County in the form of a valid driver license, registration, or proof of insurance, whichever is applicable. You may make only one such election per 12 month period and no more than three elections in your lifetime. You must pay court costs and adjudication will be withheld.

Option 4: If you **do not** hold a commercial driver license, you may be eligible to elect to complete a Florida driver improvement course. You must contact the Clerk of Court in BREVARD County to make this election. You may make only one such election per 12 month period and no more than five elections in your lifetime. Please visit www.flhsmv.gov for a list of approved courses and to determine your eligibility for this election. Adjudication will be withheld and points will not be assessed. You must pay a civil penalty and court costs. This option is not available for certain traffic offenses, including driver license, tag, and registration violations. Completion of a driver improvement course is required if you are cited for running a red light/traffic control device, even if you do not make this election.

Option 5: You may elect a court hearing by contacting the Clerk of Court in BREVARD County. If you request a hearing and the County Judge/Magistrate/Hearing Officer determines that you have committed the offense, the County Judge/Magistrate/Hearing Officer may impose a penalty of up to \$500 (or \$1,000 if a fatality occurred) and/or require completion of a driver improvement course. Points may be assessed. If it is determined that no infraction has been committed, no cost or penalties shall be imposed.

Option 6: If you were cited with a non-criminal violation of operating a motor vehicle in an unsafe condition (s. 316.610 F.S.) or not properly equipped (s. 316.610, F.S. or s. 316.2935, F.S.), you may have the defect corrected, then contact your local county or city law enforcement agency to have the correction certified below. You must pay the local law enforcement agency [\$_____] for this service. You may then mail or present this affidavit of compliance along with [S_____] to the Clerk of Court within 30 calendar days of the date of this citation. No points will be assessed. This option does not apply to a commercial motor vehicle or a transit bus owned by a governmental entity.

FAULTY EQUIPMENT AFFIDAVIT OF COMPLIANCE (Law Enforcement Use Only)

I certify that the defective equipment described herein has been corrected and complies with the requirements of the Florida traffic laws.

Date: _____ ASSIGNED DHSMV AGENCY # _____

Signed: _____ (Name, Title, ID#)

FLORIDA UNIFORM TRAFFIC CITATION

COUNTY OF **BREVARD** (1) FHP (2) P.O. (3) S.O. (4) OTHER
FLORIDA HIGHWAY PATROL
 CITY OF (IF APPLICABLE): _____
 IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON:
 DAY OF WEEK: **FRI** MONTH: **11** DAY: **05** YEAR: **2021** TIME: **11:13** AM PM
 NAME (FIRST, MIDDLE, LAST): _____
 STREET: _____ IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE: _____
 CITY: **MELBOURNE** STATE: **FL** ZIP CODE: _____
 TELEPHONE NUMBER: _____ DATE OF BIRTH: _____ MO: _____ DAY: _____ YEAR: _____ RACE: **W** SEX: **M** HGT: _____
 DRIVER LICENSE NUMBER: _____ STATE: **FL** CLASS: **E** CCL LICENSE: YES NO YR LICENSE EXP: **2022** COMMERCIAL VEHICLE: YES NO
 YR VEHICLE: **2014** MAKE: **CADI** STYLE: **UT** COLOR: **BLK** PLACARDED HAZ MATERIAL: YES NO
 VEHICLE LICENSE NO: _____ TRAILER TAG NO: _____ STATE: **FL** YEAR TAG EXPIRES: **2022** YES NO
 UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELT: **COUNTY ROAD** MOTORCYCLE: YES NO
 COMPANION CITATION(S): YES NO
 FT _____ MILES _____ N S E W OF NOISE _____
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.

UNLAWFUL SPEED MPH SPEED APPLICABLE _____ MPH
 INTERSTATE SCHOOL ZONE CONSTRUCTION WORKERS PRESENT)
 SPEED MEASUREMENT DEVICE: _____

CARELESS DRIVING CHILD RESTRAINT EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS
 VIOLATION OF TRAFFIC CONTROL DEVICE SAFETY BELT VIOLATION EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS
 FAILURE TO STOP AT A TRAFFIC SIGNAL IMPROPER OR UNSAFE EQUIPMENT NO VALID DRIVER LICENSE
 IMPROPER LANE CHANGE OR COURSE EXPIRED TAG SIX (6) MONTHS OR LESS DRIVING WHILE LICENSE SUSPENDED OR REVOKED
 NO PROOF OF INSURANCE EXPIRED TAG MORE THAN SIX (6) MONTHS DRIVING UNDER THE INFLUENCE
 VIOLATION OF RIGHT-OF-WAY IMPROPER PASSING Passenger Under 18 Yrs BAL _____

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE: **CARELESS DRIVING, CRASH # _____ - REAR END COLLISION WITH A STOPPED VEHICLE AHEAD, PUSHING IT INTO ANOTHER, AND ANOTHER AND A 4TH VEHICLE**
 RE-EXAM: YES NO
 COL SEIZED: YES NO

AGGRESSIVE DRIVING VIOLATION OF STATE STATUTE SECTION: **316.1925(1)** SUB-SECTION: _____
 CRASH: YES NO PROPERTY DAMAGE: YES \$ **16800** NO INJURY TO ANOTHER: YES NO SERIOUS BODILY INJURY TO ANOTHER: YES NO FATAL: YES NO

CRIMINAL VIOLATION COURT APPEARANCE REQUIRED AS INDICATED BELOW
 INFRACTION COURT APPEARANCE REQUIRED AS INDICATED BELOW
 INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT

CIVIL PENALTY IS \$ **169.00**
BREVARD COUNTY COURT (VIERA)
2825 JUDGE FRAN JAMIESON WAY
VIERA, FLORIDA 32940 LOCATION: _____ (321) 637-5413

ARREST DELIVERED TO: _____ DATE: _____
 I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES AN APPEARANCE IN COURT.)
R. M. Wolff

TPR: **R. M. WOLFF** 3496 D
 RANK - NAME OF OFFICER: _____ BADGE NO: _____ ID NO: _____ TROOP / UNIT: _____
 CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE AND CERTIFY THE CHARGE ABOVE

C & D Auto Center
 1399 N Harbor City Blvd
 Melbourne, FL. 32935
 Phone: 321-254-2203 Fax: 321-254-2422
 AAA Approved since 1982

INVOICE

Org. Est [REDACTED]

INVOICE

Printed Date: 11/15/2021

Work Completed: 11/15/2021

2014 Cadillac - Escalade Platinum - 6.2L, V8 (376CI) VIN(F)

Lic # [REDACTED]

Odometer In : (

Odometer Out : 41438

Melbourne, FL [REDACTED]

Home [REDACTED]

VIN #: 1GYS4DEF5 ER [REDACTED]

Part Description	Qty	Sale	Ext	Labor Description	Ext
AC DELCO OE FRONT STRUTS	2.00	609.65	1,219.30	CHECK BRAKES ENGINE IDLING HIGH	
AC DELCO OE REAR SHOCKS	2.00	605.83	1,211.66	FRONT STRUT LABOR	290.72
Shop Supplies			15.00	REAR SHOCK LABOR	124.60
				[Discount] 10.00% off labor	
				[Recommendations]	
				FRONT STRUTS-1614.06	
				REAR SHOCKS-1417.39	

Estimate 3,017.14 Revisions 0.00 Current Estimate 3,017.14

Labor:	415.32
Parts:	2,445.96
Discount:	-41.53
Sub Total:	2,819.75
Tax:	197.39
Total:	3,017.14
Bal Due:	\$0.00

parts - CFNA - \$3,017.14

is Received: 11/15/2021

Customer Number : [REDACTED]

WARRANTY ON ALL REPAIRS, PARTS AND LABOR, IS TWELVE MONTHS UNLESS STATED ABOVE. AAA CUSTOMERS RECEIVE A 24 MONTH/24,000 MILE WARRANTY, PARTS AND LABOR, ON ALL REPAIRS UNLESS STATED ABOVE. THIS WARRANTY IS TO THE ORIGINAL PURCHASER ONLY.

warranty covers repairs and adjustments needed to correct defects in materials or workmanship of any part supplied by us. It does not cover incidental or consequential damage associated with vehicle failure. Such damages include but are not limited to inconvenience; the cost of transportation; telephone calls; and the loss of new equipment.

RACHEL M. SADOFF, CLERK OF COURT
VIERA, BREVARD COUNTY, FLORIDA

RECEIPT # [REDACTED]
RECEIVED OF: [REDACTED]
PART. ID: [REDACTED]
BY CLERK: STEPHANIE P
CHECKS:

DATE: 11-29-2021

TIME: 10:38:39
MEMO:

CASH	CREDIT	CHANGE	OTHER
\$0.00	\$158.20	\$0.00	\$0.00

CASE NUMBER	EVENT	COURT/JUDGE	TAX NO.	AMOUNT
05-2021-[REDACTED]-XXXX-XX STATE V [REDACTED] PARTY: [REDACTED]	480	PMT: SCHOOL MOVING VIOLATION		\$158.20
			TOTAL RECEIPT...	\$158.20
			PARTICIPANT BALANCE FOR ALL CASES...	\$0.00

TO VIEW CASE INFORMATION, VISIT OUR WEBSITE:
www.brevardclerk.us





Melbourne, FL

ORLANDO FL

26 FEB 2022 PM



U. S. Department of Transportation
Highway Traffic Safety
1200 New Jersey Avenue SE
Washington, D.C. 20590

20590-

