

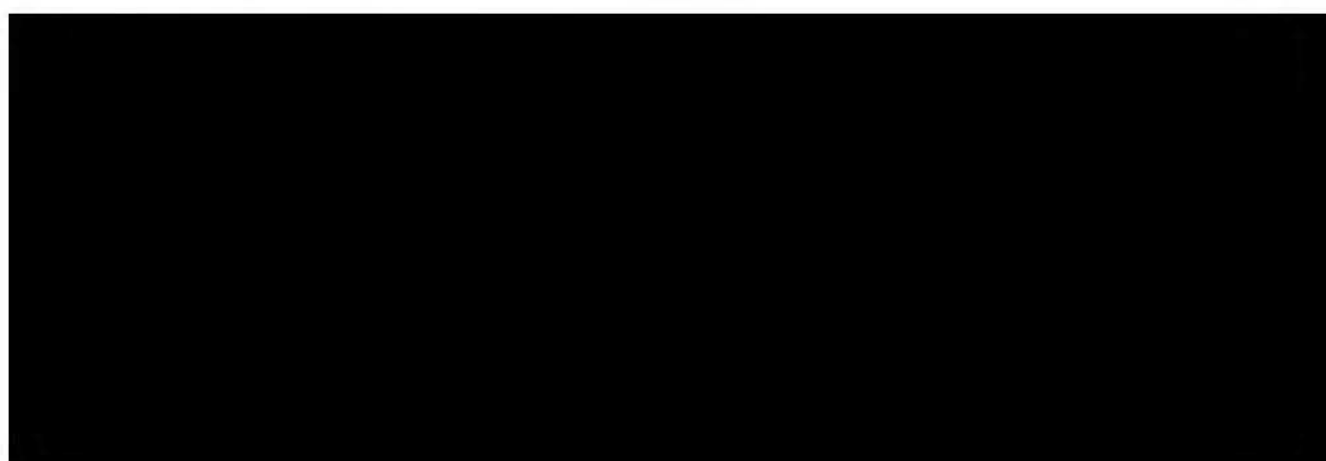
OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

From: [DataQuality, DataQuality \(NHTSA\)](#)
To: [EVOQ \(NHTSA\)](#)
Subject: FW: Please help!!! Can't drive my car at night due to Cadillacs defective headlights!!!
Date: Monday, February 14, 2022 8:05:09 AM

From: [REDACTED]
Sent: Thursday, February 10, 2022 9:06 PM
To: DataQuality, DataQuality (NHTSA) <DataQuality@dot.gov>
Subject: Please help!!! Can't drive my car at night due to Cadillacs defective headlights!!!

CAUTION: This email originated from outside of the Department of Transportation (DOT). Do not click on links or open attachments unless you recognize the sender and know the content is safe.

My 2014 Cadillac srx low beam headlights are so dim that it poses a danger to drive at night. Please keep me posted on the outcome of this complaint as time is of the essence!!!



Form Approved: O.M.B No.2127-0008

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|---|--|--|------------------------------------|--|----------------------|
| <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | | <p align="center">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> | | <p align="right">FOR AGENCY USE ONLY 100148</p> | |
| <p>OWNER INFORMATION (Type or Print)</p> | | <p>Date Received 23-NOV-2021</p> | | <p>Repository <input type="checkbox"/></p> <p>Reference No. 11441489</p> | |
| <p>Name [REDACTED]</p> | | <p>Daytime Telephone Number [REDACTED]</p> | | <p>E-mail Address [REDACTED]</p> | |
| <p>Address [REDACTED]</p> | | <p>Evening Telephone Number</p> | | | |
| <p>City Brick State Nj ZIP Code [REDACTED]</p> | | | | | |
| <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 | | | | | |
| <p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 3gyfnbe34es [REDACTED]</p> | | <p>MAKE CADILLAC</p> | | <p>Model SRX</p> | |
| <p>Model Year 2014</p> | | <p>Date Purchased</p> | | <p>Dealer's Name and Telephone Number Dover Chevrolet 6036091929</p> | |
| <p>Engine: No: Cylinders</p> | | <p>Fuel Type:</p> | | <p>Original Owner <input type="checkbox"/></p> | |
| <p>Dealer's City Dover</p> | | <p>STATE NH</p> | | <p>ZIP Code 03820</p> | |
| <p>Transmission Type</p> | | <p>Antilock Brakes <input type="checkbox"/></p> | | <p>Powertrain</p> | |
| <p>Cruise Control <input type="checkbox"/></p> | | <p>Multiple Failure:</p> | | <p>Incident Date(s) 15-AUG-2021</p> | |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | | | |
| <p>Vehicle Components Codes: 121000 EXTERIOR LIGHTING:HEADLIGHTS</p> | | | <p>Failure Mileage 58000.0</p> | | <p>Failure Speed</p> |
| ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE | | | | | |
| <p>Tire Make</p> | | <p>Tire Model (Name or Number)</p> | | <p>Tire Size (Example P215/65R15)</p> | |
| <p>DOT No. (Example: DOTMAL 9ABC036)</p> | | <p><input type="checkbox"/> Original Requirement <input type="checkbox"/> Prior Repair</p> | | <p>Failure Location:</p> | |
| <p>Tire Component Code</p> | | | | <p>Tire Failure Type:</p> | |
| ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE | | | | | |
| <p>Make:</p> | | <p>Date Manufactured:</p> | | <p>Model No./Name:</p> | |
| <p>Seat Type:</p> | | <p>Installation System:</p> | | | |
| <p>Child Seat Component Code:</p> | | <p>Failed Part:</p> | | | |
| APPLICABLE INCIDENT INFORMATION | | | | | |
| <p align="center"><i>(Please describe in detail the Incident(s), Failure(s), Crash(es), Injury(ies).)</i></p> | | | | | |
| <p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | <p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | <p>Number of Persons Injured</p> | |
| | | | | <p>Number of Deaths</p> | |
| | | | | <p>Reported to Police N</p> | |
| <p>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).</p> | | | | | |
| <p>The contact owns a 2014 Cadillac SRX. The contact stated while driving at night the illumination from the low-beam headlight was not adequate for safe vehicle operation. The contact stated that it was difficult to see a safe distance ahead of the vehicle. The contact instead had to use the hi-beam headlights for adequate illumination at night or in low light driving conditions. The vehicle was not diagnosed or repaired. The manufacturer was made aware of the failure. The failure mileage was approximately 58,000.</p> | | | | | |
| <p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p> | | | | | |
| <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> | | | | | |

