



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

**AUTO SAFETY HOTLINE
VEHICLE OWNER'S QUESTIONNAIRE**

NATIONWIDE 1-800-424-8363
DC METRO AREA 202-955-0123

FOR AGENCY USE ONLY

DATE RECEIVED

RECEIVED

00 JUL 21 PM 4:10

od. or _____
rt. dt _____
ad. rt _____
up. br _____

REFERENCE NO.

OFFICE DEFECTS INVESTIGATION **953160**

OWNER INFORMATION (TYPE OR PRINT)

[Redacted Owner Information]

DAY TIME TELEPHONE NO. (AREA CODE)

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

SIGNATURE OF OWNER

DATE

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO. **1G6KE54Y1WU719396** VEHICLE MAKE **Cadillac** VEHICLE MODEL **Deville** MODEL YEAR **1998**
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE

CURRENT ODOMETER READING **~10000** DATE PURCHASED **9/20/98** DEALER'S NAME, CITY & STATE **Suttle Motor Company Newport News, VA (757) 886 1700** ENGINE SIZE (CID/CC/L) **4.6L** TURBO DIESEL GAS FUEL INJECTN
 NEW USED NO. CYLINDERS **8**

TRANSMISSION TYPE MANUAL AUTOMATIC ANTILOCK BRAKES YES NO RESTRAINT SYSTEM DRIVERSIDE AIRBAG MOTORBELT PASSENGERSIDE AIRBAG 3-POINT BELT 2-POINT BELT CRUISE CONTROL YES NO DRIVETRAIN FRONT REAR 4-WHEEL BODY STYLE STAWAG _____ HATCH BK _____ 4 DR _____ VAN _____ 2 DR _____ PK UP TRK _____ OTHER _____

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

COMPONENT **12112300** PART NAME(S) **Interior Systems: Passive Restraint: Air Bags: Side Door: Passenger** LOCATION LEFT FRONT RIGHT FRONT REAR REAR FAILED PART(S) ORIGINAL REPLACEMENT
NO. OF FAILURES **1** DATE(S) OF FAILURE(S) **7/5/00** MANUFACTURER CONTACTED YES NO NHTSA PREVIOUSLY CONTACTED YES NO
MILEAGE AT FAILURE(S) **~ 10,000** VEHICLE SPEED AT FAILURE(S) **0 parked**

APPLICABLE ACCIDENT INFORMATION

ACCIDENT YES NO FIRE YES NO NUMBER PERSONS INJURED _____ NUMBER OF FATALITIES _____ PROPERTY DAMAGE ESTS _____ POLICE REPORTED YES NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

(Information taken by F. Borris on 7/21/00) Owner seated in passenger seat. Side air bag deployed when key turned to start. Owner suffered a deep arm bruise and is scared to drive the car. GM has been calling offering to refurbish or trade into a new Deville.

CONTINUE ON BACK IF NEEDED

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.



US Department of Transportation
National Highway Traffic Safety Administration

AUTO SAFETY HOTLINE
VEHICLE OWNER'S QUESTIONNAIRE

NATIONWIDE 1-800-424-9393
DC METRO AREA 202-366-0123

FOR AGENCY USE ONLY

DATE RECEIVED: JUL 21 PM 4:00
REFERENCE NO: 553160

RECEIVED
 DEFECTS INVESTIGATION
 OFFICE

OFFICE DEFECTS INVESTIGATION 553160

OWNER INFORMATION (TYPE OR PRINT)

NAME: [REDACTED]
ADDRESS: [REDACTED]

DAY TIME TELEPHONE NO. (AREA CODE)

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

SIGNATURE OF OWNER: [REDACTED] DATE: 28 July, 2000

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO.: 1G6KE54Y1WU719396
VEHICLE MAKE: Cadillac
VEHICLE MODEL: Deville
MODEL YEAR: 1998

CURRENT ODOMETER READING: 10000
DATE PURCHASED: 9/20/98
DEALER'S NAME, CITY & STATE: Suttle Motor Company Newport News, VA (757) 886 1700
ENGINE SIZE (CID/CC/L): 4.9L
NO. CYLINDERS: 8
TURBO DIESEL GAS FUEL INJECTOR

TRANSMISSION TYPE: AUTOMATIC
ANTILOCK BRAKES: YES NO
RESTRAINT SYSTEM: DRIVERSIDE AIRBAG MOTORBELT PASSENGERSIDE AIRBAG 3-POINT BELT 2-POINT BELT
CRUISE CONTROL: YES NO
DRIVETRAIN: FRONT REAR 4-WHEEL
BODY STYLE: STAWAG 4 DR 2 DR
HATCH BK VAN PK UP TRK OTHER

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

COMPONENT: 12112300
PART NAME(S): Interior Systems: Passive Restraints: Air Bags: Side Door: Passenger
LOCATION: LEFT FRONT RIGHT REAR
FAILED PART(S): ORIGINAL REPLACEMENT
NO. OF FAILURES: 1
DATE(S) OF FAILURE(S): 7/5/00
MILEAGE AT FAILURE(S): ~ 10,000
VEHICLE SPEED AT FAILURE(S): 0 parked
MANUFACTURER CONTACTED: YES NO
NHTSA PREVIOUSLY CONTACTED: YES NO

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: YES NO
FIRE: YES NO
NUMBER PERSONS INJURED: _____
NUMBER OF FATALITIES: _____
PROPERTY DAMAGE EST\$: _____
POLICE REPORTED: YES NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

(Information taken by F. Borris on 7/21/00) Owner seated in passenger seat. Side air bag deployed when key turned to start. Owner suffered a deep arm bruise, and is scared to drive the car. GM has been calling offering to refurbish or trade into a new Deville.

CONTINUE ON BACK IF NEEDED

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