



**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

Date Received

Office  
 District  
 Region  
 Division  
 Reference No.

POSTED

COPIED

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

559717  
 [Redacted Telephone Number]

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: 2/16/00  
 "Please help" "5000 for" "Please help" "5000 for"

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits)	(Located at bottom of windshield on driver's side)	Make Cadaillac	Model Elegante Seville/4DR	Year 1986
Purchased Date 2/88	Dealer's Name Select Motors	Engine Size (CID/CC/LI)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	No. Cylinders 9
<input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City Eufaula	State AL	Zip Code 36027	
Manufacture Date (on driver's door or plate) 1986E14	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input type="checkbox"/> Driver's Air Bag <input type="checkbox"/> Passenger's Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
			Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) M.M. 11d n + connectors Holes/seals/leaked mos. oil	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s) 11-29-10/00 4 "unconform"	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 3000	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) stopped, stopping, 45 mph	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities 0 Unsub Hypertension	Reported to Manufacturer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).  
 (1) going across concrete bridge (No unconform - Head side of car)  
 I hit some concrete rail (above my neck) (mos dot in contact with  
 to my rear - Death) (mos dot not connected) (2) No unconform sitting at 70  
 light outside Atlanta No unconform Total front of car (3) No Rear 3  
 on 431. (Eufaula, AL) starts to rain + car in front / gas in front / apply brakes / stop  
 Runs into back of car (4) At fault - No - No Rain (5) Stopped at  
 traffic sign in Columbus GA No unconform Push Truck 2000  
 Dealer takes out 2 Books found on - says RACE WILDERS RACE Sold 1/3/00

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Carson M... Not correct... Blind Book...  
Why page Warnings - take with...  
check with... constant...  
inv. closing at least 100...  
I could not...  
He searched...  
Signature...  
Man's name...  
getting...  
of use in man...  
Mr. Chapman...

Vertical handwritten notes on the right margin.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BL FIRST POSTAGE

U.S. Dept. National Office of 400 7th St Washington

Handwritten address: 1998 Old... Color...  
color...  
1998 Old...  
color...  
1998 Old...  
color...



Handwritten numbers: 24431713



Complete and future use



VEHICLE OWNER'S QUESTIONNAIRE (V00Q)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

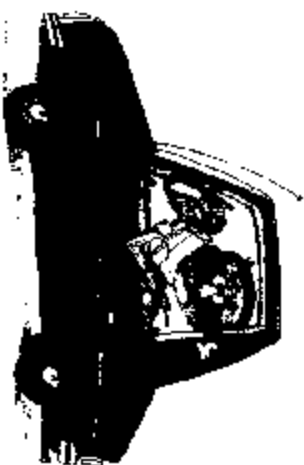
DASH 2 DOT

and dial toll free at

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

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THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(6)

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