



U.S. 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  
INTERNET: <http://www.nhtsa.dot.gov>**

**FOR AGENCY USE ONLY 252**

Date Received

10-DEC-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8000503

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

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make <b>CADILLAC</b>	Vehicle Model <b>DEVILLE</b>	Vehicle Year <b>1992</b>	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01300000 03250000 05100000	Part Name(s) <b>STEERING:POWER ASSIST BRAKES:HYDRAULIC:ANTI-SKID SYSTEM ENGINE</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) <b>01-JAN-1997</b> Mileage at Failure(s) <b>10000</b> Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**VEHICLE STALLS/ ALL FUEL GOES TO ONE SIDE OF TANK. ALSO, THERE IS NO POWER STEERING/, AND BRAKES FAILED. \*AK**

COPIES OF THIS FORM ARE:

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.



### Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 DOT Auto Safety Hotline  
 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

#### OWNER INFORMATION (Type or Print)

Reference No. 8000503

Date Received: 11-DEC-2001  
 Order No. \_\_\_\_\_  
 Order Date \_\_\_\_\_  
 Order Qty \_\_\_\_\_  
 Order Price \_\_\_\_\_

FOR AGENCY USE ONLY 252

Do you authorize the manufacturer of your vehicle to release your name and address to the vehicle manufacturer?  YES  NO  
 Signature of [Redacted] In the absence of [Redacted]  
 Date: 12/22/01

**VEHICLE INFORMATION**  
 Vehicle Ident. No. (VIN) Located at bottom of windshield at driver's side: 1G6C D53 B9N4329 195  
 Vehicle Make: CADILLAC  
 Vehicle Model: DEVILLE  
 Vehicle Year: 1992  
 Current Odometer Reading: 102,500

Purchase Date: 1995  
 Dealer's Name: Davis Cadillac  
 City: Augusta State: Ms. Zip Code: \_\_\_\_\_  
 Engine Size: 4.9 CID/CCL No. Cylinders: 8  
 Turbo:  Diesel:  Gas:  Fuel Injection:

**FAILED COMPONENT(S)/PART(S) INFORMATION**  
 Transmission Type:  Automatic  Manual  
 Restraint System:  3-Point Belt  2-Point Belt  Motorbelt  
 Cruise Control:  Yes  No  
 Drive Train:  Front  Rear  4 Wheel-Drive  
 Vehicle Type:  Car  Van  Truck  Motorcycles  Other  
 Body Style:  2-Door  4-Door  Stationwagon  Truck  Pick Up  Truck

**FAILED COMPONENT(S)/PART(S) INFORMATION**  
 Component: 01300000 STEERING-POWER ASSIST, 03250000 BRAKES-HYDRAULIC-ANTI-SKID SYSTEM, 05100000 ENGINE  
 Part Name(s): \_\_\_\_\_  
 Location:  Left  Right  Rear  Front  
 Failed Part(s):  Original  Replacer  
 Dates of Failure(s): 21 JAN 1997  
 Mileage at Failure(s): \_\_\_\_\_  
 Vehicle Speed at Failure(s): DNB  
 Failed Part(s):  Yes  No  
 Previously Failed Part(s):  Yes  No  
 NHTSA Previously Failed Part(s):  Yes  No

**APPLICATION INCIDENT INFORMATION**  
 (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)  
 Crash:  Yes  No  
 File:  Yes  No  
 Number of Persons Injured: N/A  
 Number of Fatalities: N/A  
 Estimated Property Damage: N/A  
 Reported to Police:  Yes  No

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)**  
 VEHICLE STALLS/ ALL FUEL GOES TO ONE SIDE OF TANK. ALSO, THERE IS NO POWER STEERING, AND BRAKES FAILED. AK WITH 7 GALS OF FUEL OR LESS - TANK WAS REMOVED WITH NO APPARENT VISIBLE PROBLEMS. THIS PROBLEM COULD LEAD TO AN UNCONTROLLABLE CAR IN A TURN  
 CONTRACT CHECK / NEEDED

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.



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DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>**

**FOR AGENCY USE ONLY 1058**

Date Received

02-MAR-2000

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8000503

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

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1B4GP11R5TB	DODGE TRUCK	GRAND CARAVA	1996			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) 6 CYL	No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08100000	Part Name(s) FUEL:FUEL SYSTEMS	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Dates of Failure(s) 24-FEB-2000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s)		
	Vehicle Speed at Failure(s)		

### APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**WHILE DRIVING, CONSUMER SMELLED GAS, HAD RECEIVED RECALL REGARDING FUEL PUMP AND MADE AN APPOINTMENT WITH THE DEALERSHIP AFTER SMELLING THE GAS, VEHICLE EXPERIENCED FIRE, CLAIM 20-5211-880. \*SLC**

COPIED FROM NHTSA - FEB 2000

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**NUMBER**

8000503

**CHANGED**

**TO**

6900648