Form Approved: O.M.B. No. 2127-0042

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Date Received: 13-OCT-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 734272

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G6KF5796YU331407	CADILLAC	DEVILLE	2000	

Purchase Date: 01-JUN-2000 ☒ New ☐ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) V 8
No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
03250000 08100000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM ELECTRICAL SYSTEM:BATTERY	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
2	04-OCT-2000 1800 0	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

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

DATE OF PICKUP OF CAR SERICE ANTI-SYSTEM CAN ON SYSTEMS WOULD NOT WORK, CAME BACK FOR CAR NEXT DAY DROVE CAR A FEW DAYS, CAR SAT FOR 4 DAYS WENT TO DRIVE CAR, IT WAS COMPLETLY DEAD, HAD TO BE TOWED TO DEALERSHIP. REPLACED BATTERY 2 TIMES NOW AFTER HAPPENING SERVAL TIMES, ALSO REPLACED 2 MODULES. THIS CAR HAS BEEN IN 5 TIMES + 1 TIME AGAIN COULD NOT PICK UP BECAUSE IT ACTED UP AGAIN, AFTER SERVICE THOUGHT IT WAS FIXED. NOW THE SECURITY LIGHT HAS GONE ON AGAIN, AND STAYED ON FOR 1HR TILL I REACHED MY DESTINATION. THIS LIGHT WOULD ALWAY COME ON AND STAY ON WITH THE SERVICE ANTI- THEFT READING AT THE PREVIOUS TIMES. I DO NOT FEEL SAVE DRIVING THIS CAR. I WILL NOT DRIVE THIS CAR OUT OF TOWN, I FEEL AT ANYTIME I COULD BE STRANDED FROM IT NOT STARING. THIS CAR IS A I

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