

785001

From: siracusa@publicinteractive.com  
To: Young, Beverly <NHTSA>, Jimenez, Alberto <NHTSA>, Chiang, George <NHTSA>  
Date: 1/29/01 10:41PM  
Subject: Car Talk VOQ submission

\* This data was submitted via a fill-in form at the Cartalk web site  
\* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems  
\* or suggestions regarding the format of this submission, send email  
\* to [webmaster@cartalk.com](mailto:webmaster@cartalk.com)

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SUBMISSION DATE: Monday, January 29th 2001 at 10:40:47 PM

VEHICLE OWNER'S QUESTIONNAIRE

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OWNER INFORMATION

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NAME  
ADDRESS  
au  
TELEPHONE



NHTSA authorized to send a copy of this report to the manufacturer: Yes

VEHICLE INFORMATION

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VIN: 1g6ks533xu820818  
MAKE: cadillac  
MODEL: seville  
YEAR: 1990

ODOMETER: 140023  
PURCHASE DATE: NEW OR USED: Used

DEALER NAME: Auction  
ADDRESS: Waco, tx 78727

ENGINE SIZE: v8  
CYLINDERS:

FUEL INJECTION: Yes  
TURBO: No  
FUEL TYPE: Gas  
ANTILOCK BRAKES: Yes  
CRUISE CONTROL: Yes  
DRIVETRAIN: Front

DRIVER AIRBAG: Yes  
PASSENGER AIRBAG: Yes  
3-POINT BELT: Yes  
MOTOR BELT: No  
2-POINT BELT: No  
BODY STYLE: 4-Door

**FAILED COMPONENT(S)/PART(S) INFORMATION**  
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COMPONENT: Driver Info screen not working, Gear shift failing, ac stopped working and power window failing drivers stopped working

PART NAME(S):

LOCATION: Left Front

NUMBER OF FAILURES: 10

DATE(S) OF FAILURES: 11/17/00

MILEAGE AT FAILURE(S): 138,000

SPEED AT FAILURE(S): none

MANUFACTURER CONTACTED: No

NHTSA CONTACTED: No

**APPLICABLE ACCIDENT INFORMATION**  
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ACCIDENT: No  
FIRE: No

NUMBER OF PERSONS INJURED:  
NUMBER OF FATALITIES:  
ESTIMATED PROPERTY DAMAGE: \$

DRIVER AIRBAG DEPLOYED: N/A  
PASSENGER AIRBAG DEPLOYED: N/A

REPORTED TO POLICE: No

**INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)**  
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DOT NUMBER: DOT  
TIRE MANUFACTURER:  
TIRE NAME:  
TIRE SIZE:

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ADDITIONAL COMMENTS  
-----

Need info on any recalls relating to my damages

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END OF FORM  
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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 254

Date Received

29-JAN-2001

Ord. or  
rt. dt  
od. rt  
rp. ltr

Reference No.

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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 windshield and driver's side)</small>	Vehicle Make <b>CADILLAC</b>	Vehicle Model <b>SEVILLE</b>	Vehicle Year <b>1990</b>	Current Odometer Reading
Purchase Date <input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) <b>8 CYL</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" 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 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

Component <b>12400000</b>	Part Name(s) <b>INTERIOR SYSTEMS:INSTRUMENTS AND INSTRUMENT PANEL</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 <b>10</b>	Date(s) of Failure(s) <b>17-NOV-2000</b> Mileage at Failure(s) <b>138000</b>	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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE DRIVERS INFORMATION SCREEN IS INOPERATIVE. NLM

COPIED FROM NHTSA - REF 101

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.



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**OWNER INFORMATION (Type or Print)**

**JAMES** **MC GEE** **687537**  
**12605 LAMPLIGHT VILLAGES AVE**  
**AUSTIN TX 78727**

Work Number

Home Number **512-935-2721**

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>(Lowercase letters and numbers only)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	CADILLAC	SEVILLE	1990	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L <u>8</u> CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual	Antilock Brakes <input checked="" type="checkbox"/> Yes	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt	Cruise Control <input checked="" type="checkbox"/> Yes	Drive Train <input checked="" type="checkbox"/> Front	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door
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Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of windshield or driver's side door)</small>	Vehicle Make <b>CADILLAC</b>	Vehicle Model <b>SEVILLE</b>	Vehicle Year <b>1990</b>	Current Odometer Reading
Purchase Date <input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) <b>8 CYL</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" 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 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

Component <b>11600000</b>	Part Name(s) <b>AIR CONDITIONER</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 <b>1</b>	Date(s) of Failure(s) <b>17-NOV-2000</b> Mileage at Failure(s) <b>138000</b>	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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

A/C INOPERATIVE. NLM

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

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	CADILLAC	SEVILLE	1990	
Purchase Date <input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 8 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" 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 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

Component 15110000	Part Name(s) EQUIPMENT:ELECTRIC POWER ACCESSORIES:WINDOWS	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	Date(s) of Failure(s) 17-NOV-2000 Mileage at Failure(s) 138000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

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(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)

DRIVER SIDE POWER WINDOW INOPERATIVE. NLM

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