



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** §20

Date Received

22-JAN-2002

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

Reference No.

8002527

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		
1G6KD54Y6WU789656	CADILLAC	DEVILLE	1998			
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 checked="" 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 09202000	Part Name(s) LIGHTING:LAMP OR SOCKET:HEAD LIGHTS	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 2	Dates of Failure(s) 11-JAN-2002 Mileage at Failure(s) 79589 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 0	Number of Fatalities 0	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)

**COVER FOR LEFT AND RIGHT HEADLIGHT ASSEMBLIES HAS DISCONNECTED AND FELL OFF OF VEHICLE. DEALERSHIP HAS NOT EXAMINED VEHICLE TO DETERMINETHE CAUSE OF THE PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION.\*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.



# DOT Auto Safety Hotline

## Vehicle Owner's Questionnaire (VOQ)

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

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

FOR AGENCY USE ONLY

DOT Received: 01-JAN-2002  
 OF FIC: DEFECTS INVESTIGATION  
 Od or: \_\_\_\_\_  
 re dt: \_\_\_\_\_  
 od rt: \_\_\_\_\_  
 up ltr: \_\_\_\_\_  
 Reference No.: 8002527

### OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Work Number: \_\_\_\_\_  
 Home: \_\_\_\_\_

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature: \_\_\_\_\_  YES  NO  
 Date: 2/1/02

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(located on the windshield or door pillar)</small> <b>1G6KD54Y6WU789656</b>	Vehicle Make <b>CADILLAC</b>	Vehicle Model <b>DEVILLE</b>	Vehicle Year <b>1991</b>	Current Odometer Reading <b>100,000</b>
Purchase Date <u>1-1-88</u>	Dealer's Name <u>John Jones Inc - Bay Brook</u>	City <u>Bay Brook</u>	State <u>VA</u>	Zip Code <u>23030</u>
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Engine Size (CID/CCIL) <u>7</u>	No. Cylinders <u>7</u>	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injected	
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"/> Seat Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" 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 checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <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		

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

Component <b>09202000</b>	Part Name(s) <b>LIGHTING:LAMP OR SOCKET:HEAD LIGHTS</b>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original Replacement
No of Failures <b>2</b>	Date(s) of Failure(s) <u>11-JAN-2002</u>	Mileage at Failure(s) <u>79589</u>	Vehicle Speed at Failure(s) _____
	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage _____	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)

**COVER FOR LEFT AND RIGHT HEADLIGHT ASSEMBLIES HAS DISCONNECTED AND FELL OFF OF VEHICLE. DEALERSHIP HAS NOT EXAMINED VEHICLE TO DETERMINE THE CAUSE OF THE PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION.** \*AK

*Two days ago, my headlights were disconnected and fell off of my car. I had them repaired and the mechanic said he had never seen this happen on several cars of this make and model. Had this repair done at Harvey's cost \$170.00 for parts and labor.*