



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 1220

Date Received

30-JAN-2002

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Reference No.

8003263

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		
W06VR54ROYR083021	CADILLAC	CATERA	2000			
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 06400000	Part Name(s) FUEL: THROTTLE LINKAGES AND CONTROL	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) _____ Mileage at Failure(s) 15000 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 checked="" 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)

WHILE VEHICLE WAS STOPPED IT ACCELERATED AT A HIGH SPEED, PRESSED DOWN ON BRAKE, AND VEHICLE CONTINUED TO ACCELERATE. ACCIDENT OCCURRED. PLEASE PROVIDE ANY FURTHER INFORMATION.*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
KAT: ONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

Reference No. 8003263

DATE RECEIVED
30-JAN-2002

OFFICE OF DEFECTS INVESTIGATION
NHTSA

736666

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of a signature, this form is void. Please print name and address to the vehicle manufacturer. Signature of Owner

VEHICLE INFORMATION

Vehicle Identification Number (VIN) (located on the driver's side of the vehicle)	W06VRS4R0YR083021
Vehicle Make	CADILLAC
Vehicle Model	CATERA
Year	2000
Current Odometer Reading	15000 mi

Dealer's Name	RINKER CADILLAC CO.
City	WARREN
State	MI
Zip Code	48093
Engine Size	CID/CYL
No. Cylinders	
Body Style	Truck
Station Wagon	
4-Door	
2-Door	
Pick Up	
Truck	

Purchase Date	<input type="checkbox"/> New <input checked="" type="checkbox"/> Used
Transmission Type	<input checked="" 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 checked="" type="checkbox"/> Driver Side Airbag <input checked="" type="checkbox"/> Passenger Side Airbag
Motor Bell	<input type="checkbox"/> 2-Point Belt <input type="checkbox"/> No
Cruise Control	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Type	<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
Spot Lift	<input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle

Component	06400000
Part Name(s)	FUEL THROTTLE LINKAGES AND CONTROL
Location	Front
Left	<input type="checkbox"/>
Right	<input type="checkbox"/>
Failed Part(s)	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	ONE
Date(s) of Failure(s)	1-17-02
Mileage at Failure(s)	15000
Vehicle Speed at Failure(s)	STOP TO A VERY HIGH SPEED ON ITS OWN
Application	APPLICATION INCIDENT INFORMATION
Previously Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No

Crash	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of Persons Injured	NONE
Number of Fatalities	NONE
Estimated Property Damage	12,000.00
Reported to Police	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

WHILE VEHICLE WAS STOPPED IT ACCELERATED AT A HIGH SPEED. PRESSED DOWN ON BRAKE AND VEHICLE CONTINUED TO ACCELERATE. ACCIDENT OCCURRED. PLEASE PROVIDE ANY FURTHER INFORMATION, IF ANY.

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-502) 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.