



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 758

Date Received

01-FEB-2002

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8003407

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 | | |
| 1G6KD54Y41U270873 | CADILLAC | DEVILLE | 2001 | | | |
| Purchase Date <input checked="" type="checkbox"/> New <input 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 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 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 07320000 | Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC:LEVER AND LINKAG | 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) 31-MAY-2001 Mileage at Failure(s) 7000 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 |
|---|--|---------------------------|----------------------|--------------------------|---|

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

WHEN SHIFTING FROM PARK TO DRIVE SHIFT LEVER HIDES SOME OF DASH FUNCTIONS FROM VIEW.
DEALER SAID THERE WAS NOTHING THAT COULD BE DONE ABOUT IT. *AK

CONTINUED ON REVERSE

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
1-888-327-4238
www.nhtsa.dot.gov/hotline

AGENCY USE ONLY 758

Date Received: 1-FEB-2002
OFFICE OF INVESTIGATION
Reference No. 8003407

OWNER INFORMATION (Type or Print)

[Redacted] 737075
Work Number [Redacted]
Home Number [Redacted]

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 of Owner [Redacted] Date 2/12/2002

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1G6KD54Y41U270873
Vehicle Make CADILLAC
Vehicle Model DEVILLE
Year 2001
Current Odometer Reading 7783
Purchase Date 5/31/2001
Dealer's Name MCGUIRE
City WINDSOR State N.Y. Zip Code [Redacted]
Engine Size 4CID/CC/L
No. Cylinders
Transmission Type Automatic
Antilock Brakes Yes
Restraint System 3-Point Belt, Motorbelt, 2-Point Belt, Driver's Side Airbag, Passenger's Side Airbag
Cruise Control Yes
Drive Type Front, Rear, 4-Wheel
Vehicle Type Car
Body Style 4-Door Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07320000
Part Name(s) POWER TRAIN: TRANSMISSION: AUTOMATIC: LEVER AND LINKAGE
Location Left, Right, Front, Rear
Failed Part(s) Original, Replacement
No. of Failures
Date(s) of Failure(s) 31-MAY-2001
Mileage at Failure(s) 7000
Vehicle Speed at Failure(s)
Failed Part(s) Yes/No
NHTSA Previously 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
Fire Yes/No
Number of Persons Injured NONE
Number of Fatalities NONE
Estimated Property Damage NONE
Reported to Police Yes/No

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

WHEN SHIFTING FROM PARK TO DRIVE SHIFT LEVER HIDES SOME OF DASH FUNCTIONS FROM VIEW. DEALER SAID THERE WAS NOTHING THAT COULD BE DONE ABOUT IT. *AK
On the 2002 CAD. THEY HAVE CORRECTED THAT PROBLEM THE SHIFTER IN A LOWER POSITION NOT COVERING THE PANEL I SHOWED THIS TO THE SERVICE MGR & HE AGREED THEY CAN CORRECT THIS PROBLEM BY EITHER BENDING THE ARM OR REPLACING IT WITH A 2000 MODEL THEY JUST DONT WANT TO STAND UP FOR THEIR ERROR

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.

I WISH YOU WOULD INVESTIGATE THIS SOME MORE