



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 1362**

Date Received

11-MAR-2002

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

Reference No.

8005322

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 <b>CADILLAC</b>	Vehicle Model <b>SEVILLE</b>	Vehicle Year <b>2000</b>	Current Odometer Reading		
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 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 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 01100000	Part Name(s) <b>STEERING:WHEEL AND COLUMN</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	Dates of Failure(s) _____ Mileage at Failure(s) _____ 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
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING STEERING WHEEL LOCKS UP. \*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		AGENCY USE ONLY 1362	
 U.S. Department of Transportation <b>National Highway Traffic Safety Administration</b>		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] 742864		Date Received: APR - 2 2002 DEFECTS INVESTIGATION OFFICE Reference No. 8D05322	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Signature of Owner: [Redacted] Date: 3/20/02	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1G6KS54Y5Y4177165	CADILLAC	SEVILLE	2000
Current Odometer Reading	Purchase Date		Dealer's Name
10,922	11/12/01		Len Stoler
Engine Size (CID/CC/L)	City		State
4.6L	Westminster		md.
No Cylinders	Zip Code		
8	21158		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type		Body Style
<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		<input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
01100000	STEERING:WHEEL AND COLUMN	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
3	12/15/01 / 1/13/02 / 2/19/02 Mileage at Failure(s) 3243 / 8013 / 8415 Vehicle Speed at Failure(s) All Speeds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
Estimated Property Damage	Reported to Police		
0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING STEERING WHEEL LOCKS UP. *AK Steering pulls to the left. Vehicle has been back for the same repair 3 times and the problem is still not corrected.			

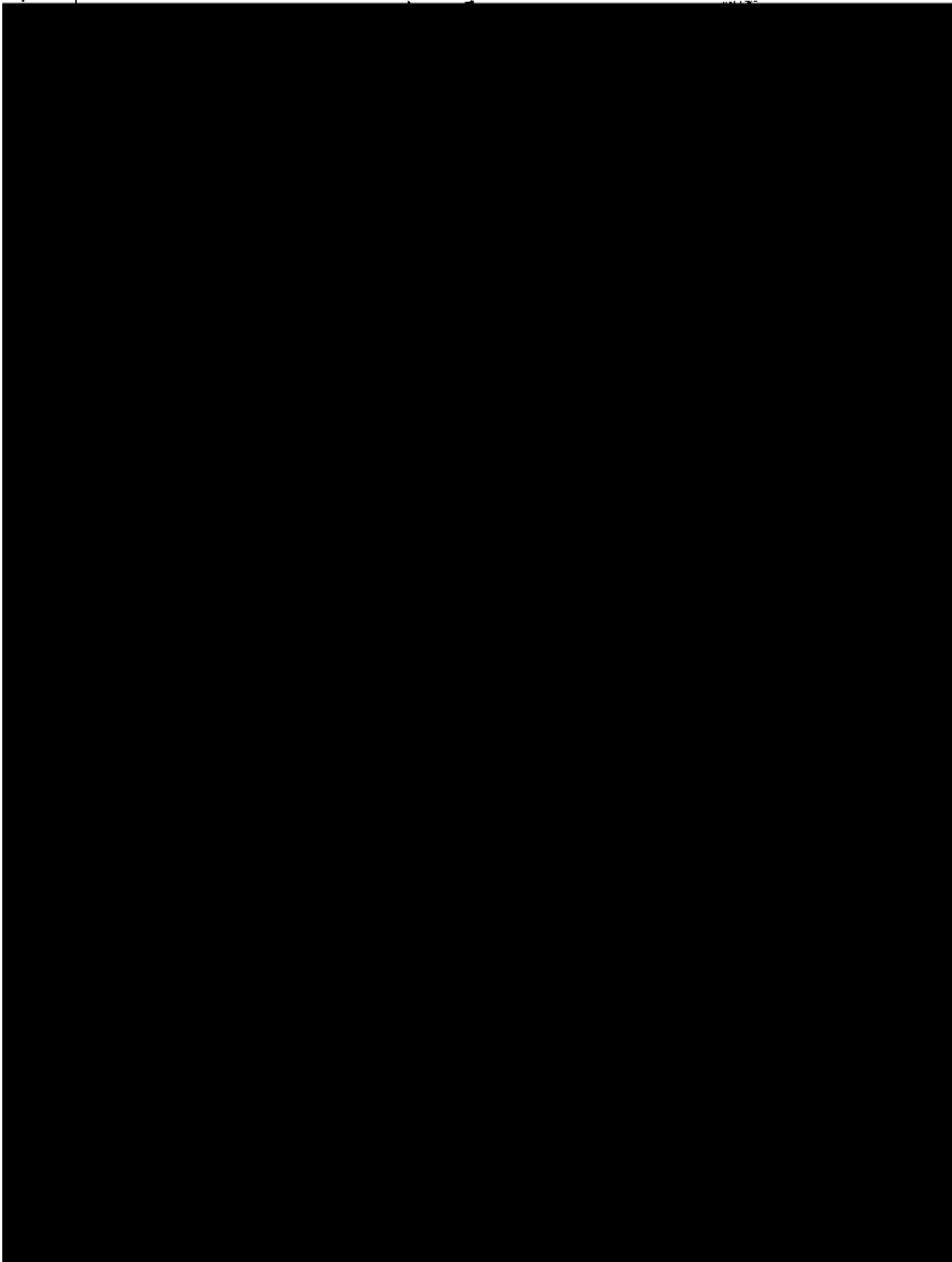
CONTINUE ON BACK IF NEEDED

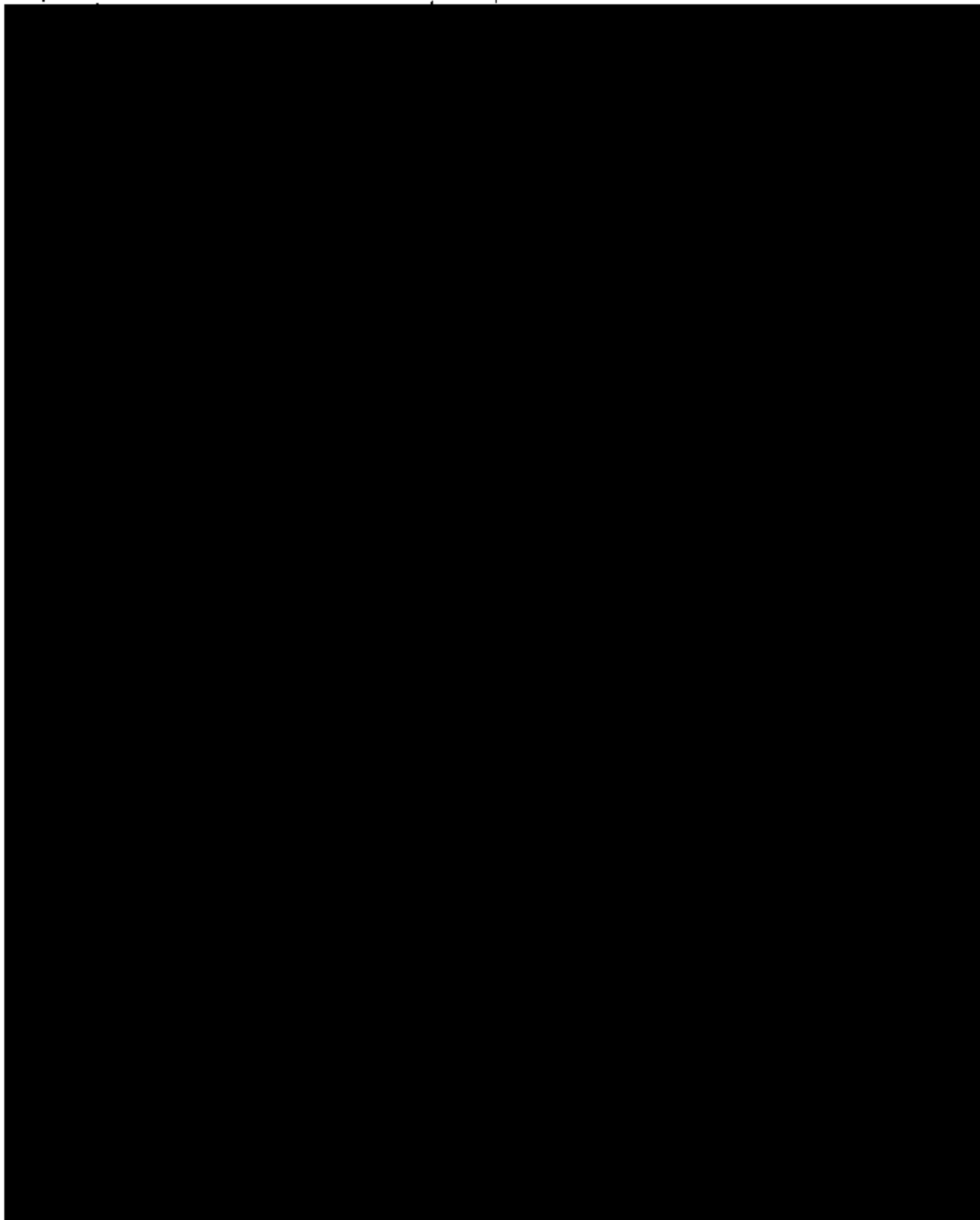
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**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

*(Page   /   through Page   8  )*







4104558240

107290



INVOICE

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BENEDICT FALICE  
35 MUSKET CT  
TANEYTOWN MD 21787  
HOME: 410-751-0238 BUS: 410-455-8240

Rt. 140 & Center St.  
P.O. BOX 1250  
Westminster, MD 21158  
Westminster (410) 849-8966 · Baltimore (410) 876-2233  
www.lenstoler.com

SERVICE ADVISOR: 690 RICHARD DURHAM

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE (N/DUT)	TAG	
41U 193	00	CADILLAC SEVILLE	1G6KS54Y5YU177165		3243/3243	T0674	
DL DATE	PROC DATE	WARR EXP	PROMISE	FD NO	RATE	PAYMENT	INV DATE
12NOV2001			WAIT 15DEC01		70.00	CASH	17DEC2001
NO. OPENED	READY	OPTIONS: STK:D1363 DLR:LSJS ENG:4.6 LITER V8 MFI					
10:07 15DEC01	08:32 17DEC01						
LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A CUSTOMER STATES VEHICLE PULLS TO THE LEFT WHILE DRIVING.							
CAUSE: FRT AND REAR TOE AND BOTH CASTER MISALIGNED							
E2020 ALIGNED FRT AND SET FRT AND REAR TOE AND							
BOTH CASTERS							
752							

