 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	FOR AGENCY USE ONLY 758 Date Received: <u>09-APR-2002</u> Office: <u>PRODUCTS INVESTIGATION</u> Reference No.: <u>8007084</u> Work Number: _____ Home Number: _____
---	--	---

OWNER INFORMATION (Type or Print)	
[Redacted Name and Address]	747356
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input 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 _____ Date _____	

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G6KD54Y8WU783499	Vehicle Mak CADILLAC	Vehicle Mode DEVILLE	Vehicle Year 1998	Current Odometer Reading _____
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Siz (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Tral <input checked="" 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		Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		Body Style <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 09202000	Part Name(s) LIGHTING LAMP OR SOCKET HEAD LIGHTS DOT GUIDE HEADLIGHT COVER PART NR. 97-6K (2) 12 (2)	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures _____	Date(s) of Failure(s) <u>06-APR-2002</u> Mileage at Failure(s) <u>53000</u> 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 Fatal ties _____	Estimated Property Damage _____	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No

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

DRIVER'S SIDE HEADLIGHT COVER FELL OFF WHILE DRIVING VEHICLE. *AK

This incident occurred on Illinois 251 (Peru, Illinois). As I was proceeding north-bound on the aforementioned roadway. I heard an unusual noise coming from the front portion of my 98 Cad. I immediately pulled the unit over onto the shoulder of the roadway to investigate the noise. Low and behold I observed my left headlight lense was missing. I proceeded back to where the unusual noise occurred and found the lense lying in the grass. I drove home to my residence and re-installed the lense with super glue and another sealant to make contact with the headlight base. I feel that this incident could possibly cause a driver to be distracted and cause

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

him/her to take evasive action by swerving off to the left or possibly diverging into the opposing lane of traffic and encountering an oncoming vehicle. The same could possibly happen to a vehicle approaching from the opposite direction. The manufacture should install some retaining screws or clips to subside the hood light boots. The glue that is presently being utilized will have the tendency to dry out due to the excessive heat created by the halogen lights and weather element.

Thank you for sending me this form. Sincerely, [REDACTED] (retired state trooper).

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

1 000 4 05 50 2



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

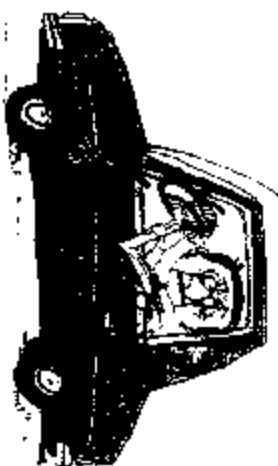
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT
1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
<http://www.nhtsa.gov/questionnaire>