



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

16-APR-2002

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

Reference No.

8007694

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 windshield and driver's side)</small> ADD	Vehicle Make CADILLAC	Vehicle Model FLEETWOOD	Vehicle Year 1993	Current Odometer Reading		
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 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	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) 15-MAR-2002 Mileage at Failure(s) 97000 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)

DRIVER'S SEATBELT DOES NOT RETRACT FULLY WHEN UNBUCKLED. PART WAS REPAIRED 6 MONTHS AGO, DID NOT REMEDY PROBLEM.*AK

CONTINUE 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 U.S. Department of Transportation National Highway Traffic Safety Administration		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>16-APR-2002</u> Office: <u>DEFECTS INVESTIGATION</u> Reference No. <u>8007604</u>	
OWNER INFORMATION (Type or Print) [Redacted] [Redacted] 748592 PRINCETON NJ [Redacted]				Work Number _____ Home Number <u>please add</u>	
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 <u>1/1</u>					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <u>ADD 1G6DWS278PR7040</u>		Vehicle Mak CADILLAC	Vehicle Model FLEETWOOD	Vehicle Year 1993	Current Odometer Reading <u>100,000</u>
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 <u>8</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
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 checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt		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 checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Sport Utility 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 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS		Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear		Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>15-MAR-2002</u> Mileage at Failure(s) <u>97000</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 Fatalities _____	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 SEATBELT DOES NOT RETRACT FULLY WHEN UNBUCKLED. PART WAS REPAIRED 6 MONTHS AGO, DID NOT REMEDY PROBLEM.*AK					

CONTINUE ON BACK IF NEEDED

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

Driver side seat belt does not retract properly leaving a slack loop. It has been repaired twice but still continues to have a problem.

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

KILMER N.J. P&DC 09/24/02 22:53 NLS/188#2

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

20590+0001



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO HELP WITH VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

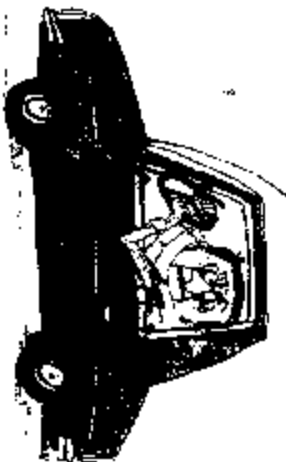
and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT

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