



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 936

Date Received

29-APR-2002

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

Reference No.

8008724

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		
1G6KS54Y02U200942	CADILLAC	SEVILLE	2002			
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 02000000	Part Name(s) SUSPENSION	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) 25-APR-2002 Mileage at Failure(s) 6097 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)

THERES IS A VIBRATION WHEN TRAVELING AT 60 MPH AND HIGHER. DEALER HAS BEEN CONTACTED, AND COULD NOT NOT CORRECT THE PROBLEM. PLEASE PROVIDE ANY FURTHER INFORMATION.*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.

 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		Reference No. 8008724 Date Received: APR 29 2002 Od. or up. rt. n. dt.	
Vehicle Owner's Questionnaire (VOQ)		DEFECTS INVESTIGATION		Home Number: [Redacted] Work Number: [Redacted]	
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 authorized signature, your signature is required.		Signature of Owner: [Redacted] Date: 5/8/02	
Vehicle Identification No. (VIN) (located at bottom of windshield on driver's side) 1G6KS54Y0Z2U00942		Vehicle Make: CADILLAC Vehicle Model: SEVILLE		Vehicle Year: 2002 Current Original Reading: 9400	
Purchase Date: 12-21-01 <input checked="" type="checkbox"/> Used <input type="checkbox"/> New		Dealer's Name: To + Walter Cadillac City: Indianapolis, IN Zip Code: 46290		Engine Size (CID/CC): 8 Fuel Injection: <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio	
Transmission Type: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/> 2-Point Be		Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Drive Train: <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 Body Style: <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck	
Component: 020000000 Part Name(s): SUSPENSION		Location: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Left <input type="checkbox"/> Right		Failed Parts: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures: _____ Date(s) of Failure(s): 25-APR-2002 Mileage at Failure(s): 250 Vehicle Speed at Failure(s): _____		Failed Parts: <input type="checkbox"/> Yes <input type="checkbox"/> No Previously: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		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 checked="" type="checkbox"/> No Fire: <input type="checkbox"/> Yes <input checked="" 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) THERE IS A VIBRATION WHEN TRAVELING AT 60 MPH AND HIGHER. DEALER HAS BEEN CONTACTED, AND COULD NOT CORRECT THE PROBLEM. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK					
CONTINUE ON BACK IF NEEDED					

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