 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 252 Date Received 01-NOV-2002 EFFECTIVE DATE	
OWNER INFORMATION (Type or Print) BOULDER WI				Od_or _____ rt_dt _____ od_rt _____ up_ltr _____ Reference No. 8022080	
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.				Work Number _____ Home Number _____	
Signature of Owner _____ Date ____/____/____					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) PLEASE FILL IN		Vehicle Mak CADILLAC	Vehicle Model DEVILLE	Vehicle Year 1992	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 Diesel Gas 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front Rear 4-Wheel <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle
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 09D10000	Part Name(s) LIGHTING:GENERAL OR UNKNOWN COMPONENT:TURN SIGNAL L		Location <input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	Failed Part(s) <input type="checkbox"/> Original Replacement	
No of Failures	Date(s) of Failure(s) 01-JAN-2001 Mileage at Failure(s) 120000 Vehicle Speed at Failure(s)		Failed Part(s) Available? <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)					
<p> VEHICLE TURN SIGNAL STAYS ON CONSTANTLY, UNABLE TO HEAR WHEN THEY ARE OPERATING. DEALER AWARE OF THE PROBLEM. PLEASE PROVIDE ANY FURTHER DETAILS. MR </p> <p> ERROR I am slightly deaf and cannot hear the turn signal when I leave it on. Thus I am signaling a turn when I am <u>not</u> turning. Many people may age are slightly deaf. WE NEED A LOUDER TURN SIGNAL SOUND. I have inquired many places to get one and am told it is not possible! </p>					
CONTINUE ON BACK IF NEEDED					
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 am slightly deaf as are many people my age (75) Sometimes I fail to turn off my turn signal because I do not hear it - thus other drivers think I am turning when I am not. This is a hazard to other drivers and me.

I have talked to auto supply places, the Cadillac Owners Hotline, etc. Everyone says there is no way to get a turn signal with a louder sound. (which is ridiculous). I know I should remember to turn it off but I - and many other drivers - fail to turn off their turn signals

I believe there should be an option available to get louder turn signals - which in turn can prevent accidents.

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



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



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

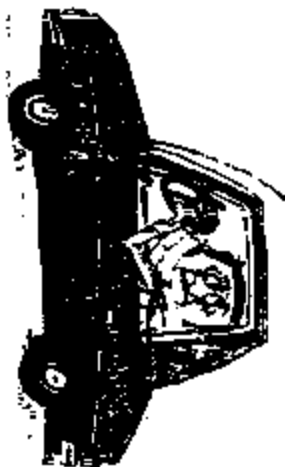
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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<http://www.nhtsa.gov/questionnaire>