

U.S. Department
of TransportationNational 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 125

Date Received

27-MAR-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

859222

 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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G6EL5786FE638550	CADILLAC	ELDORADO	1985	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 05211000 05200000	Part Name(s) ENGINE COOLING SYSTEM:RADIATOR CAP ENGINE COOLING SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING VEHICLE OVER HEATED. ALSO, DURING VEHICLE INSPECTION RADIATOR CAP BLEW COMPLETELY OFF, CAUSING BOILING HOT ANTI-FREEZE TO SPLASH ONTO THE PASSENGER. THE RADIATOR CAP WAS THE ORIGINAL ONE WHICH WAS VERY DIFFICULT TO REMOVE OR PUT ON. PLEASE GIVE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK PLEASE

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 1-888-327-4238 www.nhtsa.dot.gov/hotline		FOR NHTSA USE ONLY 125 Date Rec'd: 00 MAY 22 PM 12:22 27-MAY-2000 SECT'S INVESTIGATIVE DIVISION Reference No. 859222 Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) [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 a [Redacted] address to the vehicle manufacturer. Signature of Owner: [Redacted] Date: 05/20/2000					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G8EL6786FE638550		Vehicle Make CADILLAC	Vehicle Model ELDORADO	Vehicle Year 1985	Current Odometer Reading _____
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name INTERNAL REVENUE SERV. City SARASOTA State FL Zip Code 34233		Engine Size (CID/CC) 4.1 L No. Cylinders 8	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	_____
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front 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 Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 08211000 08208000	Part Name(s) ENGINE COOLING SYSTEM: RADIATOR CAP ENGINE COOLING SYSTEM		Location <input type="checkbox"/> Left <input 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 1	Date(s) of Failure(s) 03-16-2000 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) PARKED		Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No	Eye <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured ONE	Number of Fatalities —	Estimated Property Damage —	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>WHILE DRIVING VEHICLE OVERHEATED. ALSO, DURING VEHICLE INSPECTION RADIATOR CAP BLEW COMPLETELY OFF, CAUSING BOILING HOT ANTI-FREEZE TO SPLASH ONTO THE PASSENGER. THE RADIATOR CAP WAS THE ORIGINAL ONE WHICH WAS VERY DIFFICULT TO REMOVE OR PUT ON. PLEASE GIVE ANY FURTHER DETAILS. *AK THERE WAS NO INSTRUMENT WARNING OF OVERHEAT CONDITION. UPON PARKING AND STOPPING ENGINE, I HEARD BURGLING/RUMBLING SOUND FROM ENGINE COMPARTMENT. I RAISED HOOD AS MY WIFE STOOD BESIDE CAR. AT THAT MOMENT, THE RADIATOR CAP FLEW OFF OF RADIATOR NECK CAUSING SCALDING HOT COOLANT TO TRENCH AND SEVERELY BURN MY WIFE. THIS ORIGINAL CAP HAS ALWAYS BEN TIGHT.</p>					
(CONTINUE ON BACK IF NEEDED)					
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DIFFICULT TO REMOVE AND RE-INSTALL. AFTER THE INCIDENT I PURCHASED A NEW "STANT" AFTER MARKET CAP. THAT NEW CAP GOES ON AND COMES OFF LIKE A "NORMAL" RADIATOR CAP. (WITH EASE)

