

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 241

Date Received

29-MAR-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

859413

 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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G6CD533XL4353026	CADILLAC	DEVILLE	1990	

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 checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<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 06420000	Part Name(s) FUEL:THROTTLE LINKAGES:ACCELERATOR:RGID	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
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No. of Failures 4	Date(s) of Failure(s) 08-MAR-2000 Mileage at Failure(s) 113000 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)

VEHICLE EXPERIENCED SUDDEN ACCELERATION ON FOUR OCCASIONS. VEHICLE HAS BEEN IN THE DEALER SHOP ON EACH OCCASION, AND DEALER INFORMED CONSUMER THAT NOTHING COULD BE FOUND. CRUISE CONTROL WAS NOT USED AT ANY TIME WHEN THIS CONDITION OCCURRED. *AK

CONTINUED ON BACK (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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 241</p> <p>Date Received <u>REC'D</u> <u>29-MAR-2000</u></p> <p>OFFICE OF DEFECTS INVESTIGATION</p> <p>Reference No. <u>859413</u></p>	
OWNER INFORMATION (Type or Print)				<p>Od. or mi. at od. m. <u>46</u> up. ltr ce</p>	
<p>Signature of Owner <u>[Redacted]</u></p>				<p>Work Number</p> <p>Home Number <u>[Redacted]</u></p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of your authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>				<p>Date <u>04/09/2000</u></p>	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
<u>1G6CD533XL4353026</u>		<u>CADILLAC</u>	<u>DEVILLE</u>	<u>1990</u>	<u>117,000</u>
Purchase Date	Dealer's Name		Engine Size (CID/CYL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<u>1990</u>	<u>Massey Lane Star</u>		<u>4.5ltr</u>		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Dallas</u> State <u>Tx</u> Zip Code _____		No. Cylinders <u>5</u>		
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type		Body Style			
<input checked="" 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 <input type="checkbox"/> 2-Door <input checked="" 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	Part Name(s)		Location		Failed Part(s)
<u>06420006</u>	<u>FUEL:THROTTLE LINKAGES:ACCELERATOR:RIGID</u>		<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)		Failed Part(s) Available?		NHTSA Previously Contacted?
<u>4</u>	<u>06-MAR-2000</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mileage at Failure(s)		Vehicle Speed at Failure(s)			
<u>113000</u>		<u>30-45-65-45</u>			
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)					
Crash		Fire		Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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>VEHICLE EXPERIENCED SUDDEN ACCELERATION ON FOUR OCCASIONS. VEHICLE HAS BEEN IN THE DEALER SHOP ON EACH OCCASION, AND DEALER INFORMED CONSUMER THAT NOTHING COULD BE FOUND. CRUISE CONTROL WAS NOT USED AT ANY TIME WHEN THIS CONDITION OCCURRED. *AK</p> <p><i>If the above diagnosis is correct why would the brake not stop the car? The brake would not stop the car on each occasion.</i></p>					
CONTINUE ON BACK IF NEEDED					
<p>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.</p>					