

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

333

Date Received

06-JUL-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

864847

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G6KD54Y9YU209187	CADILLAC	DEVILLE	2000	

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

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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side 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"/> Motorbell <input type="checkbox"/> 2-Point Belt				<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000 08540000	Part Name(s) ENGINE ELECTRICAL SYSTEM:IGNITION:ELECTRONIC CONTROL UNIT	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
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No. of Failures	Date(s) of Failure(s) _____ 27-JUN-2000 Mileage at Failure(s) _____ 2000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes 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 ON THE HIGHWAY AND ALL OF SUDDEN VEHICLE STOPPED DEAD, WAITING A COUPLE OF MINUTES THE VEHICLE STARTED BACK UP AND CONSUMER WENT HOME. IT HAPPENED AGAIN ON A CURVED HILL IN GREENWICH, CT. TOOK IT TO THE DEALER, AND WASTOLD THAT TWO SENSORY HAD TO BE REPLACED. TWO CRANK SENSORS AND REPROGRAM THE PCM. "AK

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 333 Date Rec'd: <u>06 JUL 2000</u> TIME: <u>PH 1</u> OFFICE: <u>DEFECTS INVESTIGATION</u> Reference No.: <u>864847</u>	
OWNER INFORMATION (Type or Print) [Redacted] <u>618677</u> [Redacted]		Work Number _____ Home Number _____	
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 representative, please provide name and address to the vehicle manufacturer. Signature of Owner: [Redacted] Date: <u>7/1</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located as bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
<u>1G6KD54Y9YU209187</u>	<u>CADILLAC</u>	<u>DEVILLE</u>	<u>2000</u>
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	<u>O'Keefe Cadillac Co</u>		
	City <u>Westport</u> State <u>Conn</u> Zip Code _____	No Cylinders _____	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<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"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
			<input type="checkbox"/> Sport UR <input type="checkbox"/> 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 <u>05106000</u> <u>08640000</u>	Part Name(s) <u>ENGINE</u> <u>ELECTRICAL SYSTEM:IGNITION:ELECTRONIC CONTROL UNIT</u>	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>27-JUN-2000</u> Mileage at Failure(s) <u>2000</u> 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
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>WHILE DRIVING ON THE HIGHWAY AND ALL OF SUDDEN VEHICLE STOPPED DEAD, WAITING A COUPLE OF MINUTES THE VEHICLE STARTED BACK UP AND CONSUMER WENT HOME. IT HAPPENED AGAIN ON A CURVED HILL IN GREENWICH, CT. TOOK IT TO THE DEALER, AND WAS TOLD THAT TWO SENSORY HAD TO BE REPLACED. TWO CRANK SENSORS AND REPROGRAM THE PCM. *AK</p>			
CONTINUE ON BACK IF NEEDED			
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GREENWICH CAD OLDS INC
 217 WEST PUTNAM AVE
 GREENWICH CT 06830
 203-869-9100

ADVISOR NAME KEVIN 82			TAG NO. 16J	INVOICE DATE 07/03/00	INVOICE NO. CDCS45928
LABOR RATE	LICENSE NO.	MILEAGE 2464	COLOR /	STOCK NO.	
YEAR/MARKET/MODEL 00/CADILLAC/DEVILLE/4DR SDN			DELIVERY DATE	DELIVERY MILES	
VEHICLE ID NO. 1G6KD54Y9YU209187			SELLING DEALER NO.	PRODUCTION DATE	
P.P. NO.		P.C. NO.	R.G. DATE 07/03/00		

COMMENTS

LABOR & PARTS
 J# 14006Z ENG MECHANICAL WORK TECH(S):260 WARRANTY
 CAR SHUTS OFF ON OWN
 CODE P0385, 101 STORED. EXTENDED CRANK PERFORM DTC CHART
 CODE P09E5 WIRES AND CONNECTIONS OK. CRANK SENSORS
 INTERMITTENT
 REPLACE CRANKSENSORS AND REPROGRAM PCM
 CC=PU FC=6D

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	12559529	SENSOR 2.383		WARRANTY
JOB # 1	1	12559530	SENSOR 2.383		WARRANTY
				JOB # 1 TOTAL PARTS	0.00
				JOB # 1 TOTAL LABOR & PARTS	0.00

TOTALS

*****			TOTAL LABOR....	0.00
*****			TOTAL PARTS....	0.00
*****			TOTAL SUBLET....	0.00
*****			TOTAL G.O.C....	0.00
*****			TOTAL MISC CHG.	0.00
*****			TOTAL MISC DISC	0.00
*****			TOTAL TAX.....	0.00
*****			TOTAL INVOICE \$	0.00

CASH [] CHECK [] CHECK # []
 CHARGE [] VISA [] MC [] AX []
 AUTHORIZATION # []
 INITIALS [] DATE []

THANK YOU !!!

 PARTS DESIGNATED WITH AN ASTERISK (*) INDICATES LIFETIME
 GUARANTEE APPLIES FOR CUSTOMER PAY REPAIRS

CUSTOMER SIGNATURE

