


|  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 241 | | | | |
|--|--|--|---|---|---|---|--|--|
| OWNER INFORMATION (Type or Print) [Redacted] | | Date Received 13-AUG-2000 | | Od_or _____ rt_dt _____ od_rt _____ up_itr _____ | | | | |
| | | | | Reference No. 867656 | | | | |
| | | Work Number [Redacted] | | Home No. [Redacted] | | | | |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</i> | | | | | | | | |
| Signature of Owner _____ Date ____/____/____ | | | | | | | | |
| VEHICLE INFORMATION | | | | | | | | |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G6DW52PXR714579 | | Vehicle Make CADILLAC | Vehicle Model FLEETWOOD | Vehicle Year 1995 | Current Odometer Reading | | | |
| Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name _____ City _____ State _____ Zip Code _____ | | Engine Siz (CID/GC/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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel | | Cruise Control <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 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 |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | | | | | | |
| Component 12250000 | Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES | | Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | | Failed Part(s) <input type="checkbox"/> Original Replacement | | | |
| No of Failures | Date(s) of Failure(s) 15-AUG-1999 Mileage at Failure(s) 28000 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 checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalitie | Estimated Property Damag | Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) | | | | | | | | |
| DRIVER'S SEAT BELT NOT LOCKING PROPERLY. DEALER NOTIFIED, AND REPLACED SEAT BELT ON TWO OCCASIONS, AND PROBLEM STILL OCCURRING. PLEASE PROVIDE FURTHER DETIALS. *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 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. | | | | | | | | |