

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 335

Date Received

13-SEP-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

870412

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
1G6KS52B7PU804090	CADILLAC	SEVILLE	1993	

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 checked="" type="checkbox"/> Yes <input 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 06420000	Part Name(s) FUEL:THROTTLE LINKAGES:ACCELERATOR:RIGID	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 0	Date(s) of Failure(s) 12-SEP-2000 Mileage at Failure(s) 59000 Vehicle Speed at Failure(s) 2	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 0	Number of Fatalities 0	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 AT REPAIR SHOP MECHANIC LISTENED FOR OTHER NOISES. THEN, PUT CAR IN PARK AND IT REVVED UP TO ABOUT 200 AND LURCHED FORWARD. *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.



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OWNER INFORMATION (Type or Print)

637816

Reference No.
870412

FOR AGENCY USE ONLY 305

Date Received

13-SEP-2000

Office

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Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of your signature, this report is for the vehicle manufacturer. Date 10/19/2000

Signature of Owner

Vehicle Identification No. (VIN) (located at bottom of windshield on driver's side)
1G6KS62B7PJA64090
Vehicle Make CADILLAC
Vehicle Model SEVILLE
Vehicle Year 1993
Current Odometer Reading 59600

Purchase Date
New Used
Dealer's Name DON MASEY CO
City DEWATER State GA Zip Code 30118
Engine Size 4.9 CID/CAL No Cylinders 6
Turbo Diesel Gas Fuel Injection

Transmission Type Automatic Manual
Antilock Brakes Yes No
Restraint System 3-Point Belt Motorized Driver's Side Airbag Passenger Side Airbag
Cruise Control Yes No
Drive Train Front Rear 4-Wheel
Vehicle Type Car Minivan Other Truck Motorcycle Sport UTV Station Wagon Pick Up Truck Other
Body Style 2-Door 4-Door

Failed Component 06420000
Part Name(s) FUEL THROTTLE LINKAGES:ACCELERATOR:RIGID
Location Left Right Front Rear
Failed Part(s) Original Replacement
Date(s) of Failure(s) 12-SEP-2000
Mileage at Failure(s) 58000
Vehicle Speed at Failure(s) 0
No of Failures 0
Failed Part(s) Available? Yes No
NHTSA Previously Contacted? Yes 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 Yes No
Fatalities Yes No
Number of Persons Injured 0
Number of Fatalities 0
Estimated Property Damage
Reported to Police Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE AT REPAIR SHOP MECHANIC LISTENED FOR OTHER NOISES, THEN, PUT CAR IN PARK AND IT REVEYED UP TO ABOUT 200 AND LURCHED FORWARD. AK

CONTINUE ON BACK IF NEEDED
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