

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

130

Date Received

23-SEP-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

871759

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 |
| | CADILLAC | SEVILLE | 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 <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator Bell <input type="checkbox"/> 2-Point Belt | Cruise Control <input checked="" type="checkbox"/> Yes <input 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 Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | Body Style <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 02000000 | Part Name(s) SUSPENSION | 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 |
|-----------------------|----------------------------|--|---|

| | | | |
|-----------------|--|---|---|
| No. of Failures | Date(s) of Failure(s) _____ Mileage at Failure(s) 17 Vehicle Speed at Failure(s) _____ | 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 <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 |
|--|---|---------------------------|----------------------|---------------------------|---|

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

AT ANY RATE OF SPEEDS THE VEHICLE WILL DRIFT TO THE RIGHT IMMEDIATELY WHICH COULD CAUSE LOSS OF VEHICLE CONTROL. CONSUMER HAS TAKEN TO DLR 4 TIMES AND HAVE ALIGNED VEHICLE BUT DEFECT STILL OCCURS. DLR NOW CLAIMS THAT THIS IS NORMAL CHARACTERISTIC OF VEHICLE. CONSUMER HAS OPENED A FILE WITH THE MANUFACTURE #C01717578.

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.

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|--|---|---|--|---|---|
| OWNER INFORMATION (Type or Print) | | 843002 | | Date Received 28-SEP-2008 OFFICE OF INVESTIGATION | |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | Reference No. 871759 | |
| Signature of Owner | | Date 3/11/00 | | Work Number | |
| | | | | Home Number | |
| VEHICLE INFORMATION | | | | | |
| Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1G6KY5499YU184353 | | Vehicle Make CADILLAC | Vehicle Model SEVILLE | Vehicle Year 2000 | Current Odometer Reading 6100 |
| Purchase Date 29 Apr 00 | Dealer's Name RED NOLAND CADILLAC | | Engine Size (CID/CC/L) 8 | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection | No Cylinders 8 |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City Colorado Springs State CO Zip Code 80906 | | Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag |
| | | | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other |
| | | | | | Body Style <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 02000000 | Part Name(s) SUSPENSION | | 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 | |
| No of Failures | Date(s) of Failure(s) Mileage at Failure(s) 17 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 checked="" 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 Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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