



U.S. Department of Transportation
National 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: 29-NOV-2000
Od_or: _____
rl_dt: _____
od_rl: _____
up_ltr: _____

NEEDED INVESTIGATION

Reference No.
875660

Work Number: _____
Home Number: _____

OWNER INFORMATION (Type or Print)
[Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of a signature, this is taken as a "Yes" address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 12/6/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 1G6K254Y7WU802326
Vehicle Make: CADILLAC
Vehicle Model: DEVILLE
Vehicle Year: 1998
Current Odometer Reading: 26469
Purchase Date: 9-28-98
Dealer's Name: YOUNG OLDS CADILLAC
City: CALOSSO State: MISSH Zip Code: 48867
Engine Size (CID/CC/L): _____ Turbo:
Diesel:
Gas:
Fuel Injection:
Transmission: New Used
City: _____ State: _____ Zip Code: _____

Transmission Type: Manual Automatic
Anti-lock Brakes: Yes No
Restraint System: 3-Point Belt Motorbelt
 Driverside Airbag 2-Point Belt
 Passengerside Airbag
Cruise Control: Yes
Drive Train: Front Rear 4-Wheel
Vehicle Type: Car Sport Utl Truck Motorcyle
 Van Minivan Other
Body Style: 2-Door 4-Door
 Stationwagon Pick Up Truck
 Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 08500000
Part Name(s): ELECTRICAL SYSTEM:IGNITION
Location: Left Right Front Rear
Failed Part(s): Original Replacement
No of Failures: 0
Date(s) of Failure(s): 20-NOV-2000
Mileage at Failure(s): 28363
Vehicle Speed at Failure(s): 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
Fire: 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 DRIVING AT 35 MPH VEHICLE QUIT IN TRAFFIC WITHOUT ANY WARNING, IT COULD HAVE CAUSED AN ACCIDENT. *AK
ENGINE WAS^N NORMEL OPERATING TEMP.
VEHICLE RESTARTED BUT WITH SOME DIFFICULTY

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.



YOUNG

Oldsmobile Cadillac, Inc.



1418 East Main Street
P.O. Box 670

CATERA

Owosso, Michigan 48867

(517) 725-2184 Flint (810) 238-7522

CAR STOPPED RUNNING
WHILE BETTY WAS DRIVING
11-20-00

STATE REG. NO. F121571
FEDERAL I.D. 39-2366521

SERVICE INVOICE

CUSTOMER NO. 25206	ADVISOR JOSEF A DELBARI 95	CARD NO. 2444	INVOICE DATE 11/20/00	INVOICE NO. BLCS174177
[REDACTED]	LABOR RATE	LICENSE NO.	MILEAGE IN 26363	CO. OR /
	YEAR/MAKE/MODEL 98/CADILLAC/SEAN DEVILLE/4 DR	DELIVERY DATE 09/29/98	DELIVERY MILES	STOCK NO.
	VEHICLE ID. NO. 1B4KJ054Y7WH02320	SELLING DEALER NO.	PRODUCTION DATE	
	F.T.E. NO.	P.O. NO.	R.C. DATE 11/20/00	
BUSINESS PHONE	CONFIRMATION A. REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE WITH ORIGINAL REPAIR ORDER X			MILEAGE OUT

LABOR & PARTS
39 3 110.21

WHILE DRIVING CAR AT STOP CAR WAS WARM ON RESTART
CAR AS LEFT WOULD NOT RESTART.
NO OIL LEAKS OR SCUFF
CIRCUITRY CHECKED.

JOB # 1 TOTAL LABOR & PARTS

COMMENTS
LOANER CAR

TECHNICIAN SERVICE RATE
\$12

PAID BY CASH

REMARKS

TOTALS

ALL REPAIRS AND PARTS LISTED WERE FURNISHED IN COMPLIANCE
WITH ORIGINAL REPAIR ORDER (P.O. #00)

TOTAL LABOR	0.00
TOTAL PARTS	0.00
TOTAL SUBLET	0.00
TOTAL G.S.B.	0.00
TOTAL MISC. CHG.	0.00
TOTAL MISC. FEE	0.00
TOTAL TAX	0.00
TOTAL INVOICE \$	0.00

DEALER'S PERSONNEL

YOUR SATISFACTION IS OUR GOAL.
PLEASE CONTACT THE ADDRESS LISTED AT THE TOP OF YOUR INVOICE
IF YOU HAVE ANY QUESTIONS ABOUT THE WORK PERFORMED.

* CASH NO/MC/VISA/AMERICAN EXPRESS CHARGE CHECK # *

[REDACTED]
