


| DOT Auto Safety Hotline | | FOR AGENCY USE ONLY 255 | |
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|  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 | | Date Received 05-JAN-2001 |
| | OWNER INFORMATION (Type or Print) <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> 664765 | | Od_or _____ rt_dt _____ od_rt _____ up_ltr _____ Reference No. 877494 |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. | | Work Number _____ Home Number _____ | |
| Signature of Owner _____ Date ____/____/____ | | | |
| VEHICLE INFORMATION | | | |
| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) | Vehicle Mak CADILLAC | Vehicle Mode SEVILLE | Vehicle Year 1999 |
| Purchase Date _____ | Dealer's Name _____ | Engine Siz (CID/CC/L) _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____ | |
| 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 type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag | Cruise Contro <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Drive Tral <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input 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 type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
| Component 03250000 | Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM | 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 checked="" type="checkbox"/> Replacement |
| No of Failures _____ | Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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) | | | |
| WHEN DRIVING AT DIFFERENT SPEEDS, SOMETIMES WHEN BRAKE PEDAL IS APPLIED, IT WILL GO TO FLOORBOARD WITH REDUCED STOPPING DISTANCE. DEALER HAS BEEN CONTACTED.*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. | | | |