
 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 160</p>				
<p>OWNER INFORMATION (Type or Print)</p>		<p>Date Received 12-JAN-2001</p>		<p>Od_or _____ rt_dt _____ od_rt _____ up_ltr _____</p>				
<p>Reference No. 878105</p>		<p>Work Number _____</p>		<p>Home Number _____</p>				
<p>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.</p>								
<p>Signature of Owner _____ Date ____/____/____</p>								
VEHICLE INFORMATION								
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield or driver's side) 1G6DW5274PR706677</p>		<p>Vehicle Make CADILLAC</p>	<p>Vehicle Model FLEETWOOD</p>	<p>Vehicle Year 1993</p>	<p>Current Odometer Reading</p>			
<p>Purchase Date</p>	<p>Dealer's Name _____</p>		<p>Engine Size (CID/CC/L) _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p>	<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>			
<p>City _____ State _____ Zip Code _____</p>	<p>No. Cylinders _____</p>	<p>Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p>	<p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4 Wheel</p>	<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____</p>	<p>Body Style <input type="checkbox"/> Sport Util <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 <input type="checkbox"/> Truck</p>	FAILED COMPONENT(S)/PART(S) INFORMATION					
<p>Component 12364000</p>	<p>Part Name(s) INTERIOR SYSTEMS:BUCKET:BACK REST</p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>			
<p>No. of Failures</p>	<p>Date(s) of Failure(s) 30-DEC-2000 Mileage at Failure(s) 50000 Vehicle Speed at Failure(s) _____</p>		<p>Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crashes, and injury(ies) on the back of this form)								
<p>Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 1</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)								
<p>CONSUMER WAS REARENDED BY A VEHICLE THAT WAS GOING AT APPROXIMATELY 55 MPH. AT IMPACT, BOTH DRIVER'S AND PASSENGER'S SEATBACKS FELL INTO A RECLINING POSITION, CAUSING BACK INJURIES. BOTH PASSENGERS HAD SEATBELTS ON. *AK</p>								
CONTINUE ON BACK IF NEEDED								
<p>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.</p>								

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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	
OWNER INFORMATION (Type or Print)		Date Received 12-JAN-2001	Od. or rt. dr up_ltr
[Redacted] 666517		Reference No. 878105	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of [Redacted] and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner [Redacted]		Date 1/31/01	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1G8DW5274PR706677	CADILLAC	FLEETWOOD	1993
Current Odometer Reading	50,400 APPROX		
Purchase Date 12-28-95	Dealer's Name BREWLEY ALLEN CADILLAC	Engine Size (CID/CC)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City ALHAMBRA State CA Zip Code 91802	No. Cylinders 6	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" 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 <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 12364000	Part Name(s) INTERIOR SYSTEMS:BUCKET:BACK REST AIR BAGS	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 30-DEC-2000 Mileage at Failure(s) 50000 Vehicle Speed at Failure(s) STOPPED	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 4	Number of Fatalities 0
Estimated Property Damage TOTALLED		Reported to Police <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
CONSUMER WAS REARENDED BY A VEHICLE THAT WAS GOING AT APPROXIMATELY 65 MPH. AT IMPACT, BOTH DRIVER'S AND PASSENGER'S SEATBACKS FELL INTO A RECLINING POSITION, CAUSING BACK INJURIES. BOTH PASSENGERS HAD SEATBELTS ON. *AK BOTH AIR BAGS FAILED TO DEPLOY - FRONT PASSENGER HAS FACIAL DAMAGE.			
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.			