



U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration

Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 197

Date Received

07-FEB-2001

Od\_or \_\_\_\_\_  
R\_dt \_\_\_\_\_  
Pd\_rt \_\_\_\_\_  
Ip\_ltr \_\_\_\_\_

Reference No.

880015

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 on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G6KY5490YU171541	CADILLAC	SEVILLE	2000			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" 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	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 Util Truck <input type="checkbox"/> Motorcycle	Body Style <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 02740000	Part Name(s) TIRES:TREAD	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 0	Date(s) of Failure(s) 01-DEC-2000 Mileage at Failure(s) 16050 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 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 DRIVING AFTER BUYING VEHICLE, TOOK IT HOME, AND IT VIBRATED AFTER DRIVING 20 MPH. DEALER HAD TO REPLACE FOUR TIRES, BUT PROBLEM HAPPEND AGAIN. SECOND TIME ON RIGHT REAR TIRE, WHERE TIRE SUFFERED A TREAD SEPARATION. CONSUMER KEPT CONTROL OF VEHICLE. \*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.

 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	<b>FOR AGENCY USE ONLY</b> 197	Date Received: <u>01 FEB 20 01</u> 07-FEB-2001 OFFICE DEFECTS DIVISION	Od. or rt. dt. up. ltr. _____ _____ _____ _____
	OWNER INFORMATION (Type or Print)		Reference No. <b>880015</b>	Work No. _____ Home No. _____

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: 2/12/01

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> <b>1G6KY5490YU171541</b>	Vehicle Make <b>CADILLAC</b>	Vehicle Model <b>SEVILLE - SAS</b>	Vehicle Year <b>2000</b>	Current Odometer Reading <b>1,950</b>
Purchase Date <u>12-1-00</u>	Dealer's Name <b>CORAL CADILLAC</b>		Engine Size <b>4.6L</b> (CID/CC/L) <b>32 VALVE</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <b>300 HP</b> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Pompano Beach</u> State <u>FL</u> Zip Code <u>33064</u>		No. of Cylinders <b>8</b>	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" 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	Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Sport Ult. Truck <input type="checkbox"/> Motorcycle		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 <b>02740000</b>	Part Name(s) <b>TIRES: TREAD</b>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front	Failed Part(s) <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original - <b>ALL FOUR</b> <input checked="" type="checkbox"/> Replacement - <b>R REAR</b>
No. of Failures <b>0</b>	Date(s) of Failure(s) <u>01-DEC-2000 - 10 MILES +</u> Mileage at Failure(s) <u>16050 - ONE TIRE FAILED AGAIN</u> Vehicle Speed at Failure(s) <u>LOW - 60 MPH</u> <u>1st TIME - HIGH - OVER</u>		Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" 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 <b>0</b>	Number of Fatalities <b>0</b>	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 DRIVING AFTER BUYING VEHICLE, TOOK IT HOME, AND IT VIBRATED AFTER DRIVING 20 MPH. DEALER HAD TO REPLACE FOUR TIRES, BUT PROBLEM HAPPEND AGAIN. SECOND TIME ON RIGHT REAR TIRE, WHERE TIRE SUFFERED A TREAD SEPARATION. CONSUMER KEPT CONTROL OF VEHICLE. \*AK ~~ALL 4 TIRES FAILED~~  
 The first time the car only had ten miles on it. The second time (when only the right rear tire had to be replaced), only we had 1,600 miles on the car + this was 2 months later. 2/6/01

CONTINUE ON BACK IF NEEDED

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90178

3 7 3 3 9 3



5101 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33064  
HOWARD: 426-1800 TOLL FREE: 930-2872

INVOICE

PAGE 1



NOBODY OUT  
CADILLACS  
CORAL CADILLAC



SERVICE ADVISOR: 230 ROGER STINSON

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
WHITE(93)	00	CADILLAC SEVILLE TOU	1G6KY5490YU171541		59/59	T7032

DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
01DEC2000			14:36 04DEC00		0.00	CASH	04DEC2000

R.O. OPENED	READY	OPTIONS: STK:Y337 DLR:21038 ENG:L37 TRN:MXO
09:50 04DEC00	14:30 04DEC00	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A VIBRATION FROM 20 MPH AND UP  
 CAUSE: TIRES FAILED FORCE VARIATION

WIRE#0431 TIRE - REPLACE R&R WHEEL/TIRE ASSEMBLY FROM  
 VEHICLE - ONE GOODYEAR  
 88 DAVID SANTANA LIC#: 256  
 WF 1.20 (N/C)

4 GOODYEAR TIRES  
 FC: 3M PART#: COUNT: 0 (N/C)  
 CLAIM TYPE:  
 AUTH CODE:  
 04

MISC HANDLING ALLOWANCE (N/C)

MISC WHEEL WEIGHTS (N/C)

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

59 ALL TIRES FAILED ON ROAD FORCE VARIATION TEST. L/F FAILED W/57 LBS.  
 ON ASSEM. L/R FAILED W/32 LBS. ON ASSEM. R/F FAILED W/58 LBS. ON  
 ASSEM. R/R FAILED W/33 LBS. ON ASSEM. ALSO ALL TIRES WAS OUT OF BAL.  
 REPLACED ALL TIRES W/GOODYEAR EAGLE LS 235/60/16 H RATED FORCE  
 VARIATION ON NEW TIRES ARE: L/F HAVE 0 LBS. ON ASSEM. R/F HAVE 10 LBS.  
 ON ASSEM. L/R HAVE 10 LBS. ON ASSEM. R/R HAVE 13 LBS. ON ASSEM. AND  
 THEY ARE ALL BALANCED KNOW.

2 GOLD KEY TRANSPORTATION - ENTERPRISE RENTAL CAR

CAUSE: GOLD KEY LOANER - SUBLET  
 174 GOLD KEY TRANSPORTATION - ENTERPRISE RENTAL  
 CAR

200 WF 0.00 (N/C)  
 FC: 98 PART#: COUNT: 0  
 CLAIM TYPE:

DISCLAIMER OF WARRANTIES: The seller, CORAL CADILLAC, hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and CORAL CADILLAC, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the vehicle or product. P.L. 93-6371. I UNDERSTAND THAT ALL PARTS AND ACCESSORIES SOLD OR USED ARE SUBJECT TO THE FEDERAL MAGNUSON MOSS ACT AND THE CONSUMER MERCHANDISE PURCHASED IS UNDER LIMITED WARRANTY BY THE MANUFACTURER AND THE WRITTEN TERMS AND CONDITIONS THEREOF ARE AVAILABLE FOR MY INSPECTION. CUSTOMER HEREBY ACKNOWLEDGES RECEIPT OF ABOVE MENTIONED VEHICLE, AND RECEIPT OF INVOICE COPY HEREOF.	DESCRIPTION	TOTALS
	LABOR AMOUNT	
	PARTS AMOUNT	
	GAS, OIL, LUBE	
	SUBLET AMOUNT	
	MISC. CHARGES	
	TOTAL CHARGES	
	LESS INSURANCE	
	SALES TAX	
	PLEASE PAY THIS AMOUNT	

CUSTOMER SIGNATURE

CUSTOMER COPY

90178

376982

CORAL CADILLAC

The Dealer Is In

INVOICE

6101 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33064  
BROWARD: 426-1800 TOLL FREE: 930-2872

PAGE 1



NOBODY OUT  
CADILLACS  
CORAL CADILLAC



SERVICE ADVISOR: 230 ROGER STINSON

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TA	
WHITE(93)	00	CADILLAC SEVILLE TCU	1G6KY5490YU171541		1633/1633	E746	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
01DEC2000			WAIT 07FEB01		0.00	CASH	06FEB2001

R.O. OPENED	READY	OPTIONS
		STK:Y337 DLR:21038 ENG:L37 TRN:MKO

LINE	CPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A VIBRATION AT HIGHWAY SPEEDS  
 CAUSE: TIRE OUT OF ROUND, FAILED FORCE VARIATION TEST  
 E0901 HIGH SPEED TIRE SHAKE MULTI# 333094  
 88 DAVID SANTANA LIC#: 256  
 WF 2:40 (N/C)  
 1 GOODYEAR TIRE (N/C)  
 FC: 3M PART#: COUNT: 01  
 CLAIM TYPE:  
 AUTH CODE:  
 C4

MISC HANDLING ALLOWANCE	W	(N/C)
MISC WHEEL WEIGHTS	W	(N/C)
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00		TOTAL LINE A: 0.00

6633 1 TIRE FAILED AND 3 TIRES WAS OUT OF BALANCE. R/R FAILED W/ 8 LBS. ON ASSEM. WAS OUT OF BAL. R/F PASS W/ 8 LBS. ON ASSEM. WAS BAL. L/F PASS W/ 1 LB. ON ASSEM. WAS OUT OF BAL. L/R PASS W/ 10 LBS. ON ASSEM. WAS OUT OF BAL. - REPLACED R/R TIRE (W/GOODYEAR EAGLE LS 235/60/16 H RATED AND P.V. ON THAT TIRE IS 12 LBS. ON ASSEM. ALSO BALANCED ALL TIRES.  
 \*\*\*\*\*

B GOLD KEY TRANSPORTATION - ENTERPRISE RENTAL CAR  
 CAUSE: GOLD KEY LOANER - SUBLET  
 174 GOLD KEY TRANSPORTATION - ENTERPRISE RENTAL CAR  
 W 00:00 (N/C)  
 FC: 98 PART#: COUNT: 0  
 CLAIM TYPE:  
 AUTH CODE:  
 MJ

DISCLAIMER OF WARRANTIES:  
 The seller, CORAL CADILLAC, hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and CORAL CADILLAC, neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the vehicle or product (P.L. 93-637).  
 I UNDERSTAND THAT ALL PARTS AND ACCESSORIES SOLD OR USED ARE SUBJECT TO THE FEDERAL MAGNUSON MOSS ACT AND THE CONSUMER MERCHANDISE PURCHASED IS UNDER LIMITED WARRANTY BY THE MANUFACTURER AND THE WRITTEN TERMS AND CONDITIONS THEREOF ARE AVAILABLE FOR MY INSPECTION.  
 CUSTOMER HEREBY ACKNOWLEDGES RECEIPT OF ABOVE MENTIONED VEHICLE, AND RECEIPT OF INVOICE COPY HEREOF.

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	

X  
 CUSTOMER SIGNATURE

CUSTOMER COPY