



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 231

Date Received

12-FEB-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

880303

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 CADILLAC	Vehicle Model SEVILLE	Vehicle Year 2000	Current Odometer Reading		
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 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 03271000	Part Name(s) BRAKES:HYDRAULIC:DISC:CALIPER	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) 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 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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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING VEHICLE WAS SMOKING. DEALER STATED BRAKE CALIPER LOCKED UP. PLEASE PROVIDE FURTHER INFORMATION. *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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 231</p>
	<p>Date Rec'd: <u>12-FEB-2004</u></p> <p>OFFICE OF INVESTIGATION</p>

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: 2/10/04

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) <small>...located at bottom of windshield on driver's side</small> <u>1G6K534Y6Y4170547</u>	Vehicle Make <u>CADILLAC</u>	Vehicle Model <u>SEVILLE</u>	Vehicle Year <u>2000</u>	Current Odometer Reading _____		
Purchase Date <u>5/00</u>	Dealer's Name <u>STARKA MOTORS</u>		Engine Size (CID/CC/L) No Cylinders <u>8</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>HARRISBURG</u>	State <u>PA</u>	Zip Code <u>16148</u>			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" 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 Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" 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 Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>0327 1008</u>	Part Name(s) <u>BRAKES:HYDRAULIC:DISC:CALIPER</u>	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <u>2</u>	Date(s) of Failure(s) <u>11/05/00</u> <u>2/12/01</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mileage at Failure(s) <u>5000</u> <u>2350</u>			
Vehicle Speed at Failure(s) <u>CRV PARKING</u>			

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</small>					
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)

WHILE TRAVELING VEHICLE WAS SMOKING. DEALER STATED BRAKE CALIPER LOCKED UP. PLEASE PROVIDE FURTHER INFORMATION. *AK

Work orders attached.

CONTINUE ON BACK IF NEEDED

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DeVoe Cadillac

P.O. Box 1098
 Telephone (813) 261-1234
 NAPLES, FLORIDA 34108

STATE OF FLORIDA REGISTRATION: MS

CUSTOMER NO. 400517	ADVISOR JAMES KEANE	CARD NO. 781	239	INVOICE DATE 02/13/01	INVOICE NO. CPCS236
	LABOR RATE	LICENSE NO.	RELEASE 605B	COLOR BRONZE M18	STOCK NO.
	YEAR / MAKE / MODEL 00 / CADILLAC / SEVILLE / SEDAN			DELIVERY DATE 04/20/00	DELIVERY MILES
	VEHICLE ID NO. 1G6K554Y6YU170547			SELLING DEALER NO. 1	PRODUCTION DATE
	P.T.E. NO.	P.O. NO.		R.O. DATE 02/12/01	

LABOR & PARTS
 JR 1 1800Z

BRAKE SYSTEM REPAIRS HOURS: 1.30 TECH(S):388
 CUST STATES LF WHEEL LOCKS UP, GETS REAL HOT, POSSIBLY IN
 BRAKES. HAD CALIPER REPLACED UP NORTH, SLIP ON SEAT. TOWED
 IN.
 HOSE RESTRICTION
 INSP. FOUND EVIDENCE OF LT. CAUPER HOLD ON ROAD TEST. INSP.T.
 L.FT. BRAKE CONTACT CONTACTS (COMPUTER DOWN-NO CASEN). INSP.T. BRAKE
 O.K. REPLACE LEFT FRONT BRAKE HOSE- RE-SURFACED ROTOR
 .015- ROAD TEST ATTEMPT TO DUPLICATE HEATING- ALL NORMAL
 AT THIS TIME

WARRAN

PARTS	QTY	FR-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	2218885	HOSE 4.680	

JOB # 1 TOTAL PARTS

WARRAN
0

JOB # 1 TOTAL LABOR & PARTS

0

JW 2 1100ZMV COMP WASH & VACUUM HOURS: TECH(S):66
 COMPLEMENTARY WASH AND VACUUM

0

PARTS	QTY	FR-NUMBER	DESCRIPTION	UNIT PRICE
JOB # 2 TOTAL PARTS				

JOB # 2 TOTAL PARTS

0

JOB # 2 TOTAL LABOR & PARTS

0

SUBLET	PO#	VEND INVR	INV. DATE	DESCRIPTION	TOTAL - SUBLET
JOB # 1	34301	41051	02/12/01	TOW BILL	

WARRAN
0

TOTALS

THANK YOU FOR GIVING DEVUE CADILLAC
 THE OPPORTUNITY TO SERVICE YOUR VEHICLE
 "OUR GOAL IS FOR YOU TO BE
 COMPLETELY SATISFIED"

TOTAL LABOR....	0
TOTAL PARTS....	0
TOTAL SUBLET....	0
TOTAL G.I.O....	0
TOTAL MISC CHG.	0
TOTAL MISC DISC	0
TOTAL TAX.....	0
TOTAL INVOICE \$	0





Stupka Motors

North Hermitage Road • Hermitage, PA 16148

(724) 962-0900



NO 12915	VIN 1G6KS54Y6YU170547	[REDACTED]		DATE 11/06/00
YEAR 2000	MAKE CADILLAC	MODEL SEVILLE	COLOR CASHMERE	TIME 08:00
PLSTV 5488	MLCS001 5488	FIRST SET 00/00/00	ISC CCT7121	CHGEB 11/06/00 466
SEE ALSO				WORLD ANDERSON

(1) INSPECT BRAKES				
LF CALIPER LOCKED UP		Labor EG101	6C OJ A 6	30.57
REPLACED LF CALIPER		18042449	PAD KIT 1	87.05
		18060640	ROTOR 1	134.40
		18026220	CALIPER 1	127.40
34 6250 (BEN FULVI-)		Total Repair (WC)		379.42
(2) *REPLACED LF ROTOR AND SET OF NEW BRAKE PADS BLEND BRAKE SYSTEM				
		Labor OLN	A 10	50.95
		Total Repair (WC)		50.95
34 6250 (BEN FULVI-)				

WARRANTY

DISCLAIMER OF WARRANTIES The seller hereby expressly disclaims all warranties, whether expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any person to assume any liability in connection with the sale of said product. Page 1 of 1	GUARANTEE General Motors Parts and Labor are guaranteed for 12 months or 12,000 miles, whichever occurs first. A copy of this repair invoice must be presented.	348.85 .00 .00 430.37	.00 .00 .00 .00	Parts Sublet Waste Dispos Oil/Grease Total Tax Total	.00 .00 .00 .00 .00 .00
	12915 Job 12915 Customer Copy				