



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 335

Date Received

15-FEB-2001

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

Reference No.

880635

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
1G6KY5496XU928263	CADILLAC	SEVILLE	1999	

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
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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
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### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01560000	Part Name(s) STEERING:LINKAGES:TIE ROD:END	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) 14-FEB-2001 Mileage at Failure(s) 19000 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 IN A PARKING LOT TIE ROD END CAME APART , A SCREW CAME OUT, RIGHT WHEEL WAS GOING IN OPPOSITE DIRECTION THAN THE WAY CONSUMER WAS TURNING. \*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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p><b>FOR AGENCY USE ONLY 335</b></p>	
	<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 676061</p>	<p>Date Received 15-FEB-2001</p> <p>Office DEFECTS INVESTIGATION</p>	<p>Od. or xt. dt od. rt up. ltr</p>
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA MUST NOT provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner [Redacted] Date: 3/1/01</p>		<p>Work No. [Redacted]</p> <p>Home No. [Redacted]</p>	

<p><b>VEHICLE INFORMATION</b></p>				
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p>[Redacted]</p>	<p>Vehicle Make CADILLAC</p>	<p>Vehicle Model SEVILLE</p>	<p>Vehicle Year 1999</p>	<p>Current Odometer Reading 19,800</p>
<p>Purchase Date</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Dealer's Name <u>LaFontaine</u> City <u>Milford</u> State <u>Mi</u> Zip Code _____</p>	<p>Engine Size (CID/CC/L) _____ No. Cylinders _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>	
<p>Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p>	<p>Cruise Control <input type="checkbox"/> Yes <input checked="" 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><input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p>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</p>	

<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>			
<p>Component 01660000</p>	<p>Part Name(s) STEERING:LINKAGES:TIE ROD:END</p>	<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failures 0</p>	<p>Date(s) of Failure(s) <u>14-FEB-2001</u> Mileage at Failure(s) <u>19000</u> Vehicle Speed at Failure(s) <u>0</u></p>	<p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p><b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 0</p>	<p>Number of Fatalities 0</p>	<p>Estimated Property Damage</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

<p><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p>	
<p>WHILE DRIVING IN A PARKING LOT TIE ROD END CAME APART, A SCREW CAME OUT, RIGHT WHEEL WAS GOING IN OPPOSITE DIRECTION THAN THE WAY CONSUMER WAS TURNING. *AK Car was towed on flat had truck to dealership where repairs were made. I had to pay for 2 new tires and a wheel alignment they were kind enough to replace the screw that fell out &amp; tell me it</p>	

CONTINUE ON BACK IF NEEDED

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