



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 241

Date Received

28-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

884493

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) (Locate at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G6KS5154JU804775	CADILLAC	SEVILLE	1988	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☒ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13133000	Part Name(s) STRUCTURE:BODY ROOF:CONVERTIBLE TOP	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No of Failure	Date(s) of Failure(s) 26-MAR-2001 30440	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
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APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ROOF BLEW OFF WHILE DRIVING AT 50 MPH. MANUFACTURER NOTIFIED, AND INFORMED CONSUMER THAT THEY HAVE NO INFORMATION ON THIS MATTER. DEALER INFORMED CONSUMER THAT VEHICLE WAS OUT OF ITS WARRANTY. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK

COPIES OF REPORTS - FREE -

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.



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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) (Locate at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G6KS5154JU804775	CADILLAC	SEVILLE	1988	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	☐ Diesel
			☐ Gas
			☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☒ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13133000	Part Name(s) STRUCTURE:BODY ROOF:CONVERTIBLE TOP	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 26-MAR-2001 30440 Mileage at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Received

28-MAR-2001

Od or
rt dt
ad it
up hr

Reference No.

884493

OWNER INFORMATION (Type or Print)

683384

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☐ YES

☐ NO

In the absence of a signature, your name and address to the vehicle manufacturer.

Signature of Owner

Date 4/10/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)

Vehicle Make

Vehicle Model

Vehicle Year

Current Odometer Reading

CADILLAC

SEVILLE

1988

Purchase Date

Dealer's Name OCEAN CADILLAC

Engine Size

(CID/CC/L)

☐ Turbo

☐ Diesel

☐ Gas

☐ Fuel Injection

☐ New ☒ Used

City BAY HARBOR State FL Zip Code 33154

No Cylinders

Transmission Type

AntiLock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual

☒ Yes

☒ 3-Point Belt

☐ Motorbelt

☐ Yes

☐ Front

☐ Car

☐ Sport Ut

☐ 2-Door

☐ Automatic

☐ No

☒ Driver's Side Airbag

☐ 2-Point Belt

☒ No

☐ Rear

☐ Van

☐ Truck

☐ 4-Door

☐ Passengerside Airbag

☐ Other

☐ 4-Wheel

☐ Minivan

☐ Motorcycle

☐ Stationwagon

☐ Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
13133000

Part Name(s)
STRUCTURE:BODY ROOF:CONVERTIBLE TOP

Location

☐ Left

☐ Right

Failed Part(s)

☐ Front

☐ Rear

☐ Original

☐ Replacement

No. of Failures

Date(s) of Failure(s) 28-MAR-2001

Mileage at Failure(s) 30440

Vehicle Speed at Failure(s)

Failed Part(s)
Available?

☐ Yes ☐ No

NHTSA Previously
Contacted?

☐ Yes ☐ 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

☐ Yes

☒ No

Fire

☐ Yes

☒ No

Number of Persons Injured

0

Number of Parties

0

Estimated Property Damage

500.00

Reported to Police

☒ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

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CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed). Fasten with tape or staple and mail.																
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)																
TIRE IDENTIFICATION NO.*																
D	O	T										MANUFACTURER/TIRE NAME				SIZE
* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.																
NARRATIVE DESCRIPTION (CONTINUED): CLOTH TOP FLEW OFF STRIKING VEH.																

[illegible]

NARRATIVE DESCRIPTION (CONTINUED) CLOTH TOP FLEW OFF STRIKING VEH.
TO THE REAR OF MY VEH. (SER. ATT. POLICE REPORT.
CADILLAC AND DEALERSHIP REFUSE TO EVEN DISCUSS
THIS POTENTIALLY DISASTROUS DEFECT IN THIS
PRODUCT. THIS VEH. IS A LOW MILEAGE CARRIED
KEPT VEHICLE WELL MAINTAINED

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 1 through Page 1)

- DO NOT WRITE IN THIS SPACE

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YOU MUST READ AND COMPLY WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM.

☒ NO FURTHER ACTION REQUIRED BY YOU BECAUSE COMPLETED BY LAW ENFORCEMENT AGENCY