



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 758**

Date Received

12-APR-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

885750

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G6DW5270PR712282	CADILLAC	FLEETWOOD	1993			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input 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 Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input 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"/> Sport Util <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 08300000 09701000	Part Name(s) ELECTRICAL SYSTEM:WIRING COMMUNICATIONS:ANTI-THEFT ALARM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) 06-APR-2001 Mileage at Failure(s) 96000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA Previously <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 Damag	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)

ALARM WENT OFF AT NIGHT, CONSUMER SHUT ALARM OFF WITH KEY, BACK DOOR WOULD NOT UNLOCK AND INTERIOR LIGHTS WOULD NOT GO OFF, THERE WAS A CLICKING SOUND IN BOTH BACK DOORS. TO DEALER WHO REPLACED ELECTRICAL WIRING IN LEFT REAR DOOR, SAID IT WAS SCORCHED. \*AK

COPIED FROM NHTSA - REF 101

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;"><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire (VOQ)</b>                  NATIONWIDE 1-888-DASH-2-DOT                  1-888-327-4236                  www.nhtsa.dot.gov/hotline</p>	<b>FOR AGENCY USE ONLY</b> 758
	<p>Date Received: <u>12-APR-2001</u></p> <p style="text-align: center;"><b>12-APR-2001</b></p> <p style="text-align: center;"><b>DEFECTS DIVISION</b></p>
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p style="text-align: right;">686039</p>	<p>Refinance No. <b>885750</b></p> <p>Work Number _____</p> <p>Home Number _____</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 04/01/01

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <b>1G6DW5270PR712282</b>	Vehicle Make <b>CADILLAC</b>	Vehicle Model <b>FLEETWOOD</b>	Vehicle Year <b>1993</b>	Current Odometer Reading		
Purchase Date <u>June 1996</u>	Dealer's Name <u>Jim Lynch Cadillac</u>		Engine Size (CID/CC/L) <u>6.7L</u>	<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>St. Louis</u> State <u>MO</u> Zip Code _____		No. Cylinders <u>8</u>			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input 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	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport/Utility <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 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>08300000 08701000</b>	Part Name(s) <b>ELECTRICAL SYSTEM: WIRING COMMUNICATIONS: ANTI-THEFT ALARM</b>	Location <input checked="" 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) <u>06-APR-2001</u> Mileage at Failure(s) <u>96000</u> Vehicle Speed at Failure(s) <u>PAKED</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

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

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

**ALARM WENT OFF AT NIGHT, CONSUMER SHUT ALARM OFF WITH KEY, BACK DOOR WOULD NOT UNLOCK AND INTERIOR LIGHTS WOULD NOT GO OFF, THERE WAS A CLICKING SOUND IN BOTH BACK DOORS. TO DEALER WHO REPLACED ELECTRICAL WIRING IN LEFT REAR DOOR, SAID IT WAS SCORCHED. \*AK.**

**REPAIRED**

**FOLEY-RICE CADILLAC**  
**711 MADISON ST. (708) 848-7600**  
**OAK PARK, IL 60302**

04/06/01  
CDC 5827627

CONTINUE ON BACK IF NEEDED

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