



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 284

Date Received

01-JUN-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

889523

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>(Locate at bottom of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G6KD54Y3WU740351 | CADILLAC | DEVILLE | 1998 | |
| Purchase Date | Dealer's Name | Engine Size (CID/CC/L) | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____ | | |
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train |
| <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel |
| Vehicle Type | Body Style | | | |
| <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 _____ | <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 05100000 | Part Name(s) ENGINE | 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) 24-MAY-2001 48 Mileage at Failure(s) | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA 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 Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|--------------------------|--|

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

INTERMITTENTLY VEHICLE WILL STALL OUT AND DIE WITHOUT WARNING. DEALER HAS NOT BEEN ABLE TO CORRECT OR DUPLICATE PROBLEM. *AK

CONFIDENTIAL - NHTSA

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 Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline | FOR AGENCY USE ONLY 284 [Redacted] 01 JUN 19 PM 1:52 01-JUN-2001 OFFICE OF DEFECTS INVESTIGATION |
| OWNER INFORMATION (Type or Print) [Redacted] 695155 | | Reference No. 889523 |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Signature of Owner [Redacted] | | Date 1 / 1 |

| | | | | |
|--|---------------------------------|---------------------------------|-----------------------------|--|
| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1G6KD54Y3WU740351 | Vehicle Make CADILLAC | Vehicle Model DEVILLE | Vehicle Year 1998 | Current Odometer Reading 49200 |
|--|---------------------------------|---------------------------------|-----------------------------|--|

| | | | |
|-----------------------------------|---|--|--|
| Purchase Date 3/31/2000 | Dealer's Name Robert Woodell City Annville State VA Zip Code 24540 | Engine Size (CID/CC/L) _____ No. Cylinders 8 | <input type="checkbox"/> Turbo Diesel Gas Fuel Injection <input checked="" type="checkbox"/> Gas Fuel Injection |
|-----------------------------------|---|--|--|

| | | | | | | | |
|---|---|--|---|--|---|---|--|
| 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 checked="" 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 checked="" type="checkbox"/> No | Drive Train <input 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 Ut <input type="checkbox"/> 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 08100000 | Part Name(s) ENGINE | 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 Failures 4 | Date(s) of Failure(s) 24-MAY-2001 Mileage at Failure(s) 48,000 Vehicle Speed at Failure(s) 40 + | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <input checked="" 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 |
|--|---|------------------------------------|-------------------------------|------------------------------------|---|

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

INTERMITTENTLY VEHICLE WILL STALL OUT AND DIE WITHOUT WARNING. DEALER HAS NOT BEEN ABLE TO CORRECT OR DUPLICATE PROBLEM. *AK

When this happens you lose the power steering and the power brakes making the car very difficult to control even for a man. This car

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