



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 1039

Date Received

21-JUN-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

890940

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		
1G6DW52PSR705871	CADILLAC	FLEETWOOD	1995			
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	Vehicle Type	Body Style
<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	<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 02815000	Part Name(s) WHEELS:LUGS:NUTS:BOLTS	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) 18-JUN-2001 105 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 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 15 MONTHS AGO LEFT FRONT WHEEL FELL OFF. ALSO, WHILE DRIVING ON JUNE 18,2001, FRONT LEFT WHEEL FEEL OFF VEHICLE WITH NO PRIOR WARNING. WHEN STOPPING VEHICLE IT FELL ON THE GROUND. CONTACT DEALER. DEALER STATED IT JUST HAPPENED. *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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 1039</p> <p>Date Received: 21 JUN 2001</p> <p>OFFICE DEFECTS INVESTIGATION</p>		<p>Od_or _____ rl_dt _____ od_rt _____ up_ltr _____</p>						
<p>OWNER INFORMATION (Type or Print)</p> <p>698465</p>				<p>Reference No. 890940</p>		<p>Work Number _____ Home Number _____</p>						
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of a signature, this authorization is assumed.</p> <p>Signature of Owner _____</p>				<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Name and address to the vehicle manufacturer _____</p>		<p>Date 7/5/01</p>						
<p>VEHICLE INFORMATION</p>												
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p>1G6DW52PSR705871</p>		<p>Vehicle Make</p> <p>CADILLAC</p>	<p>Vehicle Model</p> <p>FLEETWOOD</p>	<p>Vehicle Year</p> <p>1995</p>	<p>Current Odometer Reading</p> <p>105,000</p>		<p>Purchase Date</p> <p>6/95</p>					
<p>Dealers Name _____</p> <p>City _____ State _____ Zip Code _____</p>		<p>Engine Size (CID/CC/L) _____</p> <p>No. Cylinders _____</p>	<p><input type="checkbox"/> Turbo Diesel Gas <input type="checkbox"/> Fuel Injection</p>	<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><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</p>	<p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>					
<p>Drive Train</p> <p><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____</p>	<p>Sport Util Truck Motorcycle</p>	<p>Body Style</p> <p><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 _____</p>	<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>								
<p>Component</p> <p>92846000 2608200 86040800</p>	<p>Part Name(s)</p> <p>WHEELS: LHOOD-NORF:DOT-FR Front control arm lower ball joint</p>		<p>Location</p> <p><input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement</p>		<p>No. of Failures</p> <p>2</p>	<p>Date(s) of Failure(s)</p> <p>18-JUN-2001 / 3/2000</p>	<p>Mileage at Failure(s)</p> <p>105,000 / 25,000</p>	<p>Vehicle Speed at Failure(s)</p> <p>_____</p>	<p>Failed Part(s) Available?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>APPLICATION INCIDENT INFORMATION</p> <p>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>												
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Number of Persons Injured</p> <p>_____</p>		<p>Number of Families</p> <p>_____</p>		<p>Estimated Property Damage</p> <p>_____</p>		<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> <p>WHILE DRIVING 15 MONTHS AGO LEFT FRONT WHEEL FELL OFF. ALSO, WHILE DRIVING ON JUNE 18, 2001, FRONT LEFT WHEEL FELL OFF VEHICLE WITH NO PRIOR WARNING. WHEN STOPPING VEHICLE IT FELL ON THE GROUND. CONTACT DEALER. DEALER STATED IT JUST HAPPENED. *AK</p> <p>Failure has been subject of two recalls for this model of Cadillac, but not same VIN #</p>												
<p>CONTINUE ON BACK IF NEEDED</p>												
<p>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>												