



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 1038

Date Received

06-AUG-2001

Ord or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

893555

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>(Leave blank for undesignated vehicles)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
N/A	CADILLAC	CATERA	2000			
Purchase Date <input checked="" type="checkbox"/> New <input 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 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	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"/> 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 02700000	Part Name(s) TIRES	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) 01-AUG-2001 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)

ORIGINAL EQUIPMENT TIRES ARE THE INCORRECT SIZE FOR VEHICLE. ACCORDING TO DEALER VEHICLE WAS MANUFACTURED FOR EUROPEAN RACING. DEALER ALSO STATED THAT A DESIGN FLAW MAYBE THE CAUSE OF TIRE FAILURE. PLEASE PROVIDE FURTHER DETAILS.*AK

CONTINUED ON REVERSE

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.



DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
National Highway Traffic Safety Administration

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

705763

FOR AGENCY USE ONLY 1038
Date Received: 01 SEP 25 2001
Office: EFFECTS DIVISION
Reference No.: 893555

Home No. [Redacted]
Work Number [Redacted]

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: [Redacted] Date: 8/25/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) [Redacted] Vehicle Make: CADILLAC Vehicle Model: CATERA Vehicle Year: 2000 Current Odometer Reading: 19,500

Purchase Date: 6-10-00 Dealer Name: Lake Valley Motors Co. City: WARREN State: OH Zip Code: 44142 Engine Size: [Redacted] No. Cylinders: 6 Fuel Injection: Turbo Diesel Gas Fuel Injection

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

Component: 02700000 Part Name(s): TIRES Location: Left Right Front Rear Failed Part(s): Original Replacement Failed Part(s) Available? Yes No NHTSA Previously Contacted? Yes No

No of Failures: 600 Yearly Failures RSR P225/55R16 Dates of Failure(s): 01-AUG-2001 Mileage at Failure(s): 12-18000 MILES Vehicle Speed at Failure(s): [Redacted]

Application Incident Information (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

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

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CONTINUE ON BACK IF NEEDED

