



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 117

Date Received

14-AUG-2001

Od. or

rt_dt

pd_rt

rp_lr

Reference No.

894354

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G6KD54Y91YU19021	CADILLAC	DEVILLE	2000	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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 05130000	Part Name(s) ENGINE:PULLEY:CRANKSHAFT	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) _____ 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 ON HIGHWAY VEHICLE WOULD STALL OUT/ WOULD LOSE POWER STEERING. WOULD BE TURNING INTO ONCOMING TRAFFIC, AND VEHICLE STALLED. WHEN TURN SIGNAL WAS IN USE VEHICLE STALLED. VEHICLE WAS ABLE TO BE RESTARTED ONCE SHIFTED INTO NEUTRAL. HAVE TAKEN VEHICLE TO DEALERSHIP, AAND INFORMED CONSUMER THAT CRANKSHAFT/ PULLEY WAS CAUSING PROBLEM. AFTER REPAIRS ON CRANKSHAFT/ PULLEY, VEHICLE STALLED SEVERAL TIMES.*AK

COPIED FROM NHTSA - REF # 1

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 style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 117</p> <p>Date Received: <u>14 AUG 2001</u> OFFICE OF DEFECTS INVESTIGATION</p> <p>Od_or _____ rt_dt _____ od_rt _____ up_itr _____</p> <p>Reference No. 894354</p> <p>Work Num _____ Home Num _____</p>
OWNER INFORMATION (Type or Print)	
	707880

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: 8/12/01

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Model	Vehicle Year	Current Odometer Reading	
1G6KD54Y91YU19021	CADILLAC	DEVILLE	2000		
Purchase Date <u>12-99</u>	Dealer's Name: <u>Dave Smith Motors</u>		Engine Siz (CID/CCIL) <u>4.5</u>	<input type="checkbox"/> Turbo Diesel Gas Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City: <u>Tellus</u> State: <u>ID</u> Zip Code: _____	No. Cylinders: <u>8</u>			
Transmission Type <input type="checkbox"/> Manua <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"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front Rea 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck					

FAILED COMPONENT(S)/PART(S) INFORMATION					
Component <u>05130000</u>	Part Name(s) <u>ENGINE:PULLEY:CRANKSHAFT</u>	Location <input 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 <u>3</u>	Date(s) of Failure(s) <u>Fall 2000 7-01 & 8-01</u>	Mileage at Failure(s) <u>9000 to 20,000</u>	Vehicle Speed at Failure(s) <u>0 to 75</u>	Failed Part(s)	NHTSA Previously <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s). Failure(s) should be described 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 <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damag <u>0</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE DRIVING ON HIGHWAY VEHICLE WOULD STALL OUT/ WOULD LOSE POWER STEERING. WOULD BE TURNING INTO ONCOMING TRAFFIC, AND VEHICLE STALLED. WHEN TURN SIGNAL WAS IN USE VEHICLE STALLED. VEHICLE WAS ABLE TO BE RESTARTED ONCE SHIFTED INTO NEUTRAL. HAVE TAKEN VEHICLE TO DEALERSHIP, AND INFORMED CONSUMER THAT CRANKSHAFT/ PULLEY WAS CAUSING PROBLEM. AFTER REPAIRS ON CRANKSHAFT/ PULLEY, VEHICLE STALLED SEVERAL TIMES. AK

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)

This car should have got us killed several times now. First time my wife was on a 5 lane highway when it stopped (motor that is) and she guided it into the center turn out lane. She thought she caused it but it started and she went on. A week later when both of us were together I was making a right turn into traffic from the right and almost hit a car but it stopped at the same time I did. The steering prevented me from turning sharp enough etc. The other driver thought I was goofy. I turned the key and it started right up etc. The local Cadillac dealer figured it was the crankshaft sensor as this wasn't the first time for them. On July 18th at Fargo, ND while idling it stopped. It stopped on me 6-7 times more as I had a meeting an hour later. I was cautious! My son lived 250 miles from there, on the way I found that every time I put on the turn signal it killed. While making a left turn into a gas station it stopped right in front of oncoming traffic etc. Then on 19th west bound it it stopped while driving 75 and doing nothing left or right. We pulled to the side and it started up okay again. Upon getting dark, I put on the headlights and it stopped. After checking this several times while parked off the highway, I found that either turning signal or putting headlights on killed the engine. I drove 50 miles with just the lights that come on upon starting or putting it in gear. I called Cadillac the next day and they had no idea but offered to send a wrecker from some 100 miles opposite of where we were going. We drove home to Montana that next day and then called my nearby dealer, Bisinger motors at Kallispell, MT. The mechanic said he replaced the crankshaft sensor and oxygen sensor and all was well. I drove less than 1/2 mile when it stopped again upon making a left turn in town. I brought it back and they had it for 6 days, talking to Cadillac etc. They replaced some other electric things and I have driven 350 miles since with no trouble YES. We could have been killed and everyone may have thought we were drunk, too old or just dreaming along. We do not drink, I fly an airplane yet, am 71 years old and still farm. My wife is gun shy and wonders what or where the next problem will be. We are not satisfied as the mechanic told me that if he knew the exact cause he wouldn't be working there. They were scratching their heads. This is serious business! When it stops it stops dead with no steering control or ability to move on except for the momentum from rolling. If we had not waited for oncoming traffic to clear while making a left turn, we could have been right in someones path etc.

U.S.G.P.O. 1982 - 623-897 / 8008

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

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
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