



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 936

Date Received

24-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

895169

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		
1G6KD54Y41U256603	CADILLAC	DEVILLE	2001			
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 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 01300000	Part Name(s) STEERING POWER ASSIST	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 0	Date(s) of Failure(s) 24-MAY-2001 72 Mileage at Failure(s) 0	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 0	Number of Fatalities 0	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 POWER STEERING WAS CHATTERING. TOOK VEHICLE TO DEALER, AND THEY WERE AWARE, BUT HAVE NOT FOUND A SOLUTION. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

COPIED FROM NHTSA FORM 301

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

Vehicle Owner's Questionnaire (VOQ)

FOR AGENCY USE ONLY 335
 Date Received: 01 SEP 14 AM 7:00
 Office: #3-AUG-2001
 Reference No.: 895169

OWNER INFORMATION (Type or Print)

Home Num: [Redacted]
 Work Num: [Redacted]
 710614

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]

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 1G6KDS441U256603
 Vehicle Make: CADILLAC
 Vehicle Model: DEVILLE
 Vehicle Year: 2001
 Current Odometer Reading: 4250

Purchase Date: 05/24/01
 Dealer's Name: COASTAL CADILLAC
 State: FL Zip Code: 34668
 Engine Size: 8
 Fuel Type: Gas
 Turbo: Diesel: Fuel Injectio:

Transmission Type: Automatic
 Restraint System: 3-Point Belt
 Antilock Brakes: Yes
 Vehicle Type: Car
 Drive Train: Front
 Vehicle Type: Car
 Body Style: 2-Door

FAILED COMPONENT(S)/PART(S) INFORMATION
 Component: D1300000
 Part Name(s): STEERING-POWER ASSIST
 Location: Front Rear Right Left
 Failed Part(s): Original Replacement
 Date(s) of Failure(s): 24 MAY 2001
 Mileage at Failure(s): 22,104.250
 Vehicle Speed at Failure(s): 0 to 70 MPH

APPLICATION INCIDENT INFORMATION
 (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)
 Crash: Yes No
 Fire: Yes No
 Number of Persons Injured: 0
 Number of Particles: 0
 Estimated Property Damage: Yes No
 Reported to Police: Yes No

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

WHILE DRIVING POWER STEERING WAS CHATTERING, TOOK VEHICLE TO DEALER, AND THEY WERE AWARE, BUT HAD NOT FOUND A SOLUTION. PLEASE PROVIDE ANY FURTHER INFORMATION. MAK - ALSO PULLS TO SIDE WHEN STOPPING AT LIGHT. THIS IS A NEW CAR. DEALER ADMITTED THEY KNEW ABOUT POWER STEERING PROBLEM FOR SEVERAL MONTHS AND THEY (CADILLAC) WERE WORKING ON PROBLEM, STILL THEY SOLD CAR WITHOUT NOTIFYING US OF PROBLEM.

The Privacy Act of 1974 (Public Law 93-502) 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.

CONTINUE ON BACK IF NEEDED