



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 758

Date Received

13-SEP-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

896284

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 | | |
| 1G6EL12Y3TU600114 | CADILLAC | ELDORADO | 1996 | | | |
| 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 checked="" type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 08130000 | Part Name(s) FUEL:FUEL LINES FITTINGS AND PUMP | 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) 10-SEP-2001 200000 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 |
|--|---|---------------------------|----------------------|--------------------------|---|

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

CONSUMER SAW FUEL ON GARAGE FLOOR. FOUND PLASTIC FUEL LINES CRACKED AND LEAKING FUEL IN LARGE AMOUNTS. DEALER REPLACED LINES WITH SAME PART. DEALER STOCKED THESE PARTS, REPLACING THEM ON A REGULAR BASIS.*AK

COPIED FROM NHTSA FORM 101

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 style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">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 758</p> <p>Date Received: <u>13-SEP-2001</u></p> <p>Office: <u>DEFECTS INVESTIGATION</u></p> |
|---|--|

| | |
|--|---|
| <p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 714708</p> | <p>Reference No. <u>284</u></p> <p>Work Number _____</p> <p>Home Number _____</p> |
|--|---|

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: 9/21/01

| | | | | | | |
|---|--|--|--|--|---|---|
| VEHICLE INFORMATION | | | | | | |
| Vehicle Ident. No. (VIN) <small>(If located at bottom of windshield on driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| 1G6EL12Y3TU600114 | CADILLAC | ELDORADO | 1998 | 240,000 | | |
| Purchase Date | Dealer's Name | Engine Size (CID/CC/L) | No. Cylinders | <input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injectio | | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City <u>Lincolnwood, IL</u> Zip Code _____ | 4.6 | 8 | | | |
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
| <input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <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 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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 | Part Name(s) | Location | | Failed Part(s) | |
| 06130000 | FUEL:FUEL LINES FITTINGS AND PUMP | <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front | <input type="checkbox"/> Right <input type="checkbox"/> Rear | <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacemen | |
| No. of Failures | Date(s) of Failure(s) | Mileage at Failure(s) | Vehicle Speed at Failure(s) | Failed Part(s) | NHTSA Previously |
| | 10-SEP-2001 | 200000 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | |
|--|---|---------------------------|----------------------|---------------------------|---|
| APPLICATION INCIDENT INFORMATION | | | | | |
| <small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury (ies) on the back of this form)</small> | | | | | |
| Crash | Fire | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

CONSUMER SAW FUEL ON GARAGE FLOOR. FOUND PLASTIC FUEL LINES CRACKED AND LEAKING FUEL IN LARGE AMOUNTS. DEALER REPLACED LINES WITH SAME PART. DEALER STOCKED THESE PARTS, REPLACING THEM ON A REGULAR BASIS.*AK