



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

02-OCT-2001

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Reference No.

897170

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)<br><small>(Location at bottom of<br/>windshield and driver's side)</small> |                                                                        | Vehicle Make                                                                                                                         | Vehicle Model                                                          | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                |
| 1G6KD52B7RU287466                                                                                   |                                                                        | CADILLAC                                                                                                                             | SEVILLE                                                                | 1994                                                                                                                                         |                                                                                                                                                                                         |
| Purchase Date                                                                                       | Dealer's Name                                                          |                                                                                                                                      | Engine Size<br>(CID/CC/L)                                              | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                         |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                               | City _____ State _____ Zip Code _____                                  |                                                                                                                                      | No Cylinders                                                           |                                                                                                                                              |                                                                                                                                                                                         |
| Transmission Type                                                                                   | Antilock Brakes                                                        | Restraint System                                                                                                                     | Cruise Control                                                         | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                            |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                    | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other                                                      |
|                                                                                                     |                                                                        | <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt                                                          |                                                                        |                                                                                                                                              | <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle                                                                             |
|                                                                                                     |                                                                        |                                                                                                                                      |                                                                        |                                                                                                                                              | Body Style                                                                                                                                                                              |
|                                                                                                     |                                                                        |                                                                                                                                      |                                                                        |                                                                                                                                              | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                                        |                                                                                                                                          |                                                                                            |
|-----------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Component<br>08136000 | Part Name(s)<br>FUEL:FUEL PUMP                                         | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Date(s) of Failure(s)<br>14-AUG-2001<br>62000<br>Mileage at Failure(s) | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

WHILE DRIVING 70 MPH VEHICLE STALLED. CONSUMER DIAGNOSED THAT FUEL PUMP SHORTED OUT. CONSUMER REPLACED IT WITH NEWLY DESIGNED FUEL PUMP.\*AK

COPIES OF THIS FORM ARE:

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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br><b>NATIONWIDE 1-888-DASH-2-DOT</b><br><b>1-888-327-4236</b><br><b>www.nhtsa.dot.gov/hotline</b>                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                               | <b>FOR AGENCY USE ONLY 758</b><br>Date Received <u>12 FEB 21 2001</u><br><u>102-OCT-2001</u><br>Defects <u>102</u><br>Od_or <u>rt_dt</u><br>od_rt <u>sp_tr</u><br>Reference No. <u>897170</u><br>Work Number <u>                    </u><br>Home Number <u>                    </u>                             |                                                                                                                                                         |
| <b>OWNER INFORMATION (Type or Print)</b><br>Signature of Owner <u>[Redacted]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               | Do you authorize NHTSA to provide a copy of your vehicle's information to the manufacturer of your vehicle?<br>In the absence of an address to the vehicle manufacturer: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>Date <u>10/13/01</u>                                            |                                                                                                                                                         |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                         |
| Vehicle Ident. No. (VIN) (located at base of windshield on driver's side)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Vehicle Make                                                                                                                                  | Vehicle Model                                                                                                                                                                                                                                                                                                   | Vehicle Year                                                                                                                                            |
| <u>1G6KD52B7RU287406</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>CADILLAC</u>                                                                                                                               | <u>SEVILLE</u>                                                                                                                                                                                                                                                                                                  | <u>1994</u>                                                                                                                                             |
| Purchase Date <u>11/5/00</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Dealer's Name <u>New 2 U Cars</u>                                                                                                             |                                                                                                                                                                                                                                                                                                                 | Engine Size (CID/CC/L) <u>4.9</u>                                                                                                                       |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City <u>Jacksonville</u> State <u>FL</u> Zip Code <u>32222</u>                                                                                | No Cylinders <u>8</u>                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Antilock Brakes                                                                                                                               | Restraint System                                                                                                                                                                                                                                                                                                | Cruise Control                                                                                                                                          |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                        | <input type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input checked="" type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> 2-Point Belt                                                            | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                  |
| Drive Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Vehicle Type                                                                                                                                  | Body Style                                                                                                                                                                                                                                                                                                      |                                                                                                                                                         |
| <input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | <input type="checkbox"/> Sport Utility<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up<br><input type="checkbox"/> Truck |                                                                                                                                                         |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                         |
| Component <u>06136000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Part Name(s) <u>FUEL PUMP</u>                                                                                                                 | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input checked="" type="checkbox"/> Rear                                                                                                                                                       | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                  |
| No. of Failures <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date(s) of Failure(s) <u>14-AUG-2001</u><br>Mileage at Failure(s) <u>52000</u><br>Vehicle Speed at Failure(s) <u>70 mph</u>                   | Failed Part(s)<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                           | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                            |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                         |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                   | Number of Persons Injured                                                                                                                                                                                                                                                                                       | Number of Fatalities                                                                                                                                    |
| Estimated Property Damage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                       |                                                                                                                                                         |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b><br>WHILE DRIVING 70 MPH VEHICLE STALLED. CONSUMER DIAGNOSED THAT FUEL PUMP SHORTED OUT. CONSUMER REPLACED IT WITH NEWLY DESIGNED FUEL PUMP. *AK<br>This generation III fuel pump is collapsible due to the polyethylene gas tank and the fuel collapsed mashing the hot + ground wires together causing the fuel pump to short out and blow the fuel pump fuse. We replaced the fuel pump with a brand new AC/Delco OEM Fuel Pump. The fuel pump has been redesigned or modified that when the fuel pump collapses the wires |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                         |
| The Privacy Act of 1974-Public Law 93-573 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.               |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                         |

|                                                                                                                                                                                                                            |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------|------|
| 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 |
| <p>* 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.</p> |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |      |
| NARRATIVE DESCRIPTION (CONTINUED)                                                                                                                                                                                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |      |

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