



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 125**

Date Received

10-OCT-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

897538

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		
1G6KY5492YU321987	CADILLAC	STS	2000			
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 15300000	Part Name(s) EQUIPMENT: SPEED CONTROL	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 Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	--------------------------	--

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

WHILE DRIVING WITH CRUISE CONTROL ACTIVATED IT MALFUNCTIONED, CAUSING VEHICLE TO UNEXPECTEDLY ACCELERATE TO 90 MPH, CAUSE UNKNOWN. DEALER COULD NOT IDENTIFY CAUSE. PLEASE GIVE ANY FURTHER DETAILS. \*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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY</b> 25</p>	
	<p>DATE RECEIVED</p> <p>11-06-2001</p>		<p>Old or rt dt _____ od_rt _____ up_itr _____</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 719340</p>			<p>Reference No. 897538</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date <u>10/23/01</u></p>			<p>Work Number _____ Home Number _____</p>	

<p>Vehicle Ident. No. (VIN) (located at bottom of windshield on drivers side)</p> <p>1G6KY5492YU321987</p>					<p>Vehicle Mak</p> <p>CADILLAC</p>	<p>Vehicle Mode</p> <p>STS</p>	<p>Vehicle Year</p> <p>2000</p>	<p>Current Odometer Reading</p> <p>24080</p>
<p>Purchase Date</p> <p>12/1/01</p>	<p>Dealer's Name _____ City _____ State _____ Zip Code _____</p>		<p>Engine Size (CID/CCIL)</p> <p>No Cylinders <u>8</u></p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p>				
<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Transmission Type</p> <p><input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p>Body Style</p> <p><input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck</p>	

<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>			
<p>Component</p> <p>15300000</p>	<p>Part Name(s)</p> <p>EQUIPMENT: SPEED CONTROL</p>	<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failures</p> <p>1</p>	<p>Date(s) of Failure(s)</p> <p>July 2001</p>	<p>Mileage at Failure(s)</p> <p>24000</p>	<p>Vehicle Speed at Failure(s)</p> <p>65 MPH</p>
<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p><b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>0</p>	<p>Number of Fatalities</p> <p>0</p>	<p>Estimated Property Damage</p> <p>0</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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

WHILE DRIVING WITH CRUISE CONTROL ACTIVATED IT MALFUNCTIONED, CAUSING VEHICLE TO UNEXPECTEDLY ACCELERATE TO 90 MPH, CAUSE UNKNOWN. DEALER COULD NOT IDENTIFY CAUSE. PLEASE GIVE ANY FURTHER DETAILS. \*AK

*Switch seems faulty - since on numerous occasions cruise control would not engage.*

CONTINUE ON BACK IF NEEDED

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.



DOT Auto Safety Hotline  
**Vehicle Owner's Questionnaire (VOQ)**  
NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 125

Date Received  
20-OCT-2001  
Reference No.  
897538

OWNER INFORMATION (Type or Print)  
[Redacted] 719340

Work Number  
Home Number

Do you authorize NHTSA to provide a copy or report to the manufacturer of your vehicle?  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.  
Signature of Owner [Redacted] YES  NO   
Date 10/23/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G6KY5492YU321987  
Vehicle Make CADILLAC  
Vehicle Model STS  
Vehicle Year 2000  
Current Odometer Reading 24080

Purchase Date 12/1/01  
Dealer's Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Engine Size (CID/CC/L) \_\_\_\_\_ Turbo   
Diesel   
Gas   
Fuel Injection   
New  Used   
No Cylinders 8

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 16300000  
Part Name(s) EQUIPMENT: SPEED CONTROL  
Location  Left  Right  Front  Rear  
Failed Part(s)  Original  Replacement

No. of Failures 1  
Date(s) of Failure(s) July 2001  
Mileage at Failure(s) 24000  
Vehicle Speed at Failure(s) 65 MPH  
Failed Part(s)  Yes  No  
NHTSA Previously  Yes  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  Yes  No  
Fire  Yes  No  
Number of Persons Injured 0  
Number of Fatalities 0  
Estimated Property Damage 0  
Reported to Police  Yes  No

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

WHILE DRIVING WITH CRUISE CONTROL ACTIVATED IT MALFUNCTIONED, CAUSING VEHICLE TO UNEXPECTEDLY ACCELERATE TO 90 MPH, CAUSE UNKNOWN. DEALER COULD NOT IDENTIFY CAUSE. PLEASE GIVE ANY FURTHER DETAILS. \*AK

*Swivel seems faulty - since on numerous occasions cruise control would not engage.*

CONTINUE ON BACK IF NEEDED

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.