

<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY</b> 798 Date Received: <u>25-NOV-2001</u> 03 JAN 16 04 3:	
U.S. Department of Transportation National Highway Traffic Safety Administration		Office of Defects Investigation Reference No. <u>689418</u>	
OWNER INFORMATION (Type or Print) [Redacted] <b>AGUSTA</b> <b>GA</b>		Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of this questionnaire to the manufacturer of your vehicle? In the absence of an authorized signature, provide your name and address to the vehicle manufacturer.		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Date <u>12/01/01</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
N/A	CADILLAC	SEVILLE SEVILLE	2001
Current Odometer Reading	Purchase Date		Current Odometer Reading
8,500	<u>12/</u>		8,500
Dealer's Name <u>Johnson Cadillac</u>		Engine Size (CID/CCL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
City <u>Augusta</u> State <u>GA</u> Zip Code <u>30903</u>		No. Cylinders <u>8</u>	
Transmission Type	Antilock Brakes	Restraint System	Vehicle Type
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
Cruise Control		Drive Train	Body Style
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> 2-Door <input checked="" 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)
02100000	SUSPENSION: INDEPENDENT FRONT <u>Front end; Bend frame</u>	<input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)
<u>5</u>	<u>04-NOV-2001</u>	<u>80</u>	<u>55</u>
Failed Part(s)		NHTSA Previously	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" 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	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Estimated Property Damage		Reported to Police	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
THERE IS A LOT OF SHAKING IN THE FRONT OF THE VEHICLE WHEN CONSUMER IS DRIVING. CONTACTED DEALER IS NOT WILLING TO DO ANYTHING. PLEASE PROVIDE MORE INFORMATION. *AK My car was in service 5 times. First time in Feb 01, they changed 13 tires to find right ones. In October & November they put GM Controlled-speed tires. On April 9, 2001 they put 4 high-grade Michelin tires. Changed 4 rotors. Car still vibrates/shakes. Don't fit (w/ car family).			
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.			

