



U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received 8/30/00	01-or _____
Reference No.	1st-af _____
	02-ri _____
	up-ff _____

OWNER INFORMATION (Type or Print) DAYTIME TELEPHONE NUMBER

manufacturer of your vehicle? No

SIGNATURE OF OWNER _____ DATE _____

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Record at bottom of windshield as driver's side) 1G6KY5499YU134505	VEHICLE MAKE Cadillac	VEHICLE MODEL Seville	MANUFACTURE DATE	MODEL YEAR 2000
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VEHICLE MANUFACTURER

<input type="radio"/> BMW	<input type="radio"/> Ford	<input type="radio"/> Honda	<input type="radio"/> Nissan	<input type="radio"/> Subaru	<input type="radio"/> Volvo	<input type="radio"/> Other _____
<input type="radio"/> Daimler/Chrysler	<input checked="" type="radio"/> General Motors	<input type="radio"/> Hyundai	<input type="radio"/> Saab	<input type="radio"/> Toyota	<input type="radio"/> VW	

PURCHASE DATE 1-00	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME Brown Bros.	CITY Louisville	STATE Ky	ZIP CODE 40202
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ENGINE SIZE CID/CC/L	FUEL SYSTEM <input type="radio"/> Turbo <input type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input type="radio"/> Yes <input type="radio"/> No	RESTRAINT SYSTEM <input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt <input type="radio"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No
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DRIVETRAIN <input type="radio"/> Front <input type="radio"/> Rear	VEHICLE TYPE <input checked="" type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle	DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon
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FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other Seat Belt	NO. OF FAILURES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters). TIRE NAME _____ COMPLETE TIRE SIZE _____ TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____	
	INCIDENT DATE _____		MILEAGE AT INCIDENT _____
	VEHICLE SPEED AT INCIDENT _____		FAILED PART(S) <input type="radio"/> Original <input type="radio"/> Replacement
	HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input type="radio"/> No		FAILED PART(S) AVAILABLE? <input type="radio"/> Yes <input type="radio"/> No

APPLICABLE 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="radio"/> Yes <input type="radio"/> No	NUMBER OF PERSONS INJURED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Gov/Turn <input type="radio"/> Discor/nect/Tall Off <input type="radio"/> Erroic/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Street <input type="radio"/> Locker/Sticks/Grabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input type="radio"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

PLEASE DO NOT WRITE IN THIS AREA

01575

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(es). Include additional accidents if applicable.

Seat Belt on Driver
side has been replaced
Twice. NANE work
Properly. I consider
THIS UNSAFE. I NEVER
Know when I park in
Roadside park or parking
Lot if Seat Belt
will work. IT happens
frequently and I have
pulled AS MANY AS
34 times to get it to
work. I AM TOLD
Belt has to be placed
in position. If it
happens To go in
Normally it sticks.
If it ~~has~~ does not
work you how can I be
Assured it is safe
Should An Accident occur

Continue on additional page if necessary.

Describe any additional incidents. (include date and mileage)

The Privacy Act of 1974 (Public Law 93-579) The information 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 determines with substantial evidence of objection against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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HS Form 350 (Rev. 8/99)

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington D.C. 20590

Official Business Penalty for Private Use \$300



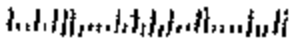
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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590



Complete and return or place in your car manual for future use



VEHICLE OWNER'S

QUESTIONNAIRE

(V00Q)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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