



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 9/19/01	Drawn _____
Reference No. _____	Field _____
	Asst _____
	Supv _____

VEHICLE INFORMATION DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (located at bottom of windshield on driver's side) 1G6K554Y0K0934665		VEHICLE MAKE CADILLAC	VEHICLE MODEL 4DR SLS	MANUFACTURE DATE 3-99	MODEL YEAR 1999	
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other <input type="checkbox"/> Daimler/Chrysler <input checked="" type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW						
PURCHASE DATE 5/29/99	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME STEVE FOLEY	CITY NORTH BROOK	STATE IL	ZIP CODE 60062	
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> Motorhome <input checked="" type="checkbox"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NO. CYLINDERS 8	DRIVETRAIN <input checked="" type="checkbox"/> Front <input type="checkbox"/> 4-Wheel <input type="checkbox"/> Rear	VEHICLE TYPE <input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle		DOORS <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hatchback <input checked="" type="checkbox"/> Sedan <input type="checkbox"/> Pick-Up Truck <input type="checkbox"/> Stationwagon	

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Struts <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input checked="" type="checkbox"/> Other TIRES	NO. OF FAILURES <input type="checkbox"/> 0 <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).		
	INCIDENT DATE	TIRE NAME GOODYEAR	COMPLETE TIRE SIZE P235-60R16	
	MILEAGE AT INCIDENT	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input checked="" type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other		
	VEHICLE SPEED AT INCIDENT	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF PERSONS INJURED <input type="checkbox"/> 0 <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="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/License <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fell Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input checked="" type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Sticks/Grabs <input checked="" type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 0 <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



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