U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252	
Date Received: 2003 MAR 27 PM 2:47 — 20-FEB-2003	Repository ☐ — Reference No.: 10008953

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: MODESTO | State: CA | Zip Code: [redacted]
Daytime Telephone Number: [redacted] | Evening Telephone Number: Same | E-mail Address: [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☑ YES ☐ NO
In the absence of an auth[redacted]ar address to the vehicle manufacturer.
Signature of Owner [redacted] Date 3/19/03

VEHICLE INFORMATION

Vehicle Identification Number (VIN)	Make	Model	Model Year
1G4GD2211S4725456	BUICK	RIVIERA	1995

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
1995	Show Case 209-529-4300	V6	Premium gasoline

Original Owner	Dealer's City	State	Zip Code
☑	MODESTO,	CA	95356

Transmission Type		Powertrain	Vehicle Component Code
Auto	☑ Antilock Brakes ☑ Cruise Control	3.8 Liter	341000 COMMUNICATIONS:HORN ASSEMBLY Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
02-JAN-2003 1995	50000 TO 125000	various	Sluggish Horn: works, doesn't work, Since purchase in 1995.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make:	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: OOTMALSAEL036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufacured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE HORN FAILED TO WORK *18
Would like mfg to replace horn assembly. It is intermingled w/ air bag. Now, Horn will not work at all. Very expensive & dangerous without horn. Own 3 GM vehicles currently. Would like to continue relationship w/ GM. Also have GM MasterCard.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

This was a defect upon purchase, but horn worked some times than not, until now

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).