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 335

Date Received	Repository
03 JUN 26 AM 8:58 06-MAR-2003	Reference No. 10010069

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City APPLE VALLEY / State CA / Zip Code [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 6/15/03

VEHICLE INFORMATION

[redacted]	Make: BUICK	Model: REGAL	Model Year: 2000

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
6-12-2000	GREINER PONTIAC BUICK 760 245-3511			V-6	GAS
Original Owner ☑	Dealer's City: VICTORVILLE	State: CA	Zip Code: 92392		

Transmission Type		Powertrain	Vehicle Component Code
AUTO	☑ Antilock Brakes ☑ Cruise Control		050000 PARKING BRAKE
			Multiple Failure: 3

FAILED CONPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
6-12-2003 6-15-2003	50000	0	EMERGENCY BRAKE WILL NOT STAY ADJUSTED, WILL NOT HOLD ON A HILL

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: DOTMALSABC036)	☐ 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 Manufactured:	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).

WHEN THE VEHICLE WAS PARKED ON A HILL, THE ENERGENCY PEDAL PUSHED TO THE FLOOR, AND VEHICLE THE ROLLED BACKWARDS. DEALER HAD ADJUSTED THE EMERGENCY BRAKE TWICE, HOWEVER THE PROBLEM RECURRED. *JB

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