



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	
Date Received 2003 MAY 27 PM 3:37	Ord. or r_cd od_rt up_itr
Reference No. 10021983	

OWNER INFORMATION (Type or Print)

Name: [REDACTED]

Street No: [REDACTED] Apt. No.: [REDACTED]

City: **HENDERSONVILLE** State: **TN** Zip Code: [REDACTED]

Daytime Telephone Number: [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: **5/15/03**

PRODUCT INFORMATION

Vehicle Identification No. (VIN): (Located at bottom of windshield on driver's side)

Make BUICK	Model PARK AVENUE	Year 1998
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Purchased Date: **OCT. 19** Dealer's Name: **WALLER BUICK** Engine Size (CID/CCL): **5** Turbo Diesel Gas Fuel Injection

New Used Dealer's City: **NASHVILLE** State: **TN** Zip Code: [REDACTED] No. Cylinders: **5** Fuel Injection

Manufacture Date (on driver's door or pillar)	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driver's Side Air Bag <input type="checkbox"/> Motorized <input checked="" type="checkbox"/> Passenger's Side Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) MOTOR (EXPLODED)	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand: **N/A** Tire Name: **N/A** Complete Tire Size: **N/A**

No. of Failures: [REDACTED] Date(s) of Failure(s): [REDACTED] Mileage at Failure(s): [REDACTED] Vehicle Speed at Failure(s): [REDACTED]

Failed Part(s) Available? Yes No NHTSA Previously Contacted? Yes No

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured NONE	Number of Fatalities NONE	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

CAR WAS IN THE DRIVEWAY, WHEN I TURNED THE THE MOTOR EXPLODED AND A FIRE STARTED UNDER THE HOOD. I PUT THE FIRE OUT WITH A FIRE EXTINGUISHER AND CALLED THE DEALER AND MY INSURANCE CO. THE MOTOR WAS REPAIRED, BUT ALL NECESSARY BURNT PARTS WERE NOT REPLACED THE FIRST TIME. IT TOOK 5 TRIPS BACK TO THE DEALER. THE CAR DID NOT OPERATE SATISFACTORY AFTER REPAIR. I SOLD IT. I DO NOT HAVE THE VIN NUMBER INFORMATION (OVER)

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

PLEASE CHECK WITH STATE FARM INS. Co. MR SAMUEL K.
BOYDEN. CLAIM No 42-1315-967 PHONE No 309-266-8642

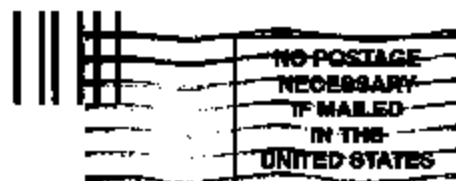
ATTACH ADDITIONAL SHEETS IF NECESSARY

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



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

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
(VQQ)**

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



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

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