



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
(1-888-327-4238)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 120

Date Received

Repository

2003 JUN 24 2003 PM 12:05

Reference No.
10022982

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: GATES MILLS State: OH Zip Code: [Redacted]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: / /

VEHICLE INFORMATION

[Redacted]		Make BLICK	Model LESABRE	Model Year 1988
Date Purchased 988	Dealer's Name and Telephone Number Friedman Buicks Magnificent		Engine: No. Cylinders 6	Fuel Type: Gas
Original Owner A	Dealer's City Magnificent	State OH	Zip Code 44124	
Transmission Type <input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 014000 STEERING: RACK AND PINION		
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 12-JUN-2003	Failure Mileage	Failure Speed	Steering Problem from Day One
---------------------------------	-----------------	---------------	-------------------------------

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: DOTM4SABCD36)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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, failure(s), and injury(s).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police 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 (e.g., parts repaired or replaced (and if old part is available)).

STEERING HAS BEEN HARD SINCE DAY ONE, AND CONSUMER HAS BEEN PATCHING UP AUTO TO KEEP IT RUNNING. HE HAS TAKEN VEHICLE TO A MECHANIC, AND WAS TOLD THAT THE MANUFACTURER MAKES AN ALLUMINUM ROD FOR THAT YEAR VEHICLE. IT IS RACK AND PINION STEERING. THIS ALLUMINUM ROD CAN BE INSTALLED, BUT HE DOES NOT HAVE THE MONEY, PLEASE HELP. ALSO, JUST FOUND OUT ABOUT NHTSA, AND DECIDED TO CALL FOR HELP. *AK

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

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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 proceeds with administrative 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)

Very difficult to search especially in winter,
I will forward the copies of my correspondence to
the dealer.

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**
DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4238

DOT Auto Safety Hotline
(DASH) & DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
http://www.nhtsa.gov/goodwill