



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 100079

Date Received: 03 JUN 2003 12:03
Repository:
Reference No.: 10024735

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: [Redacted] State: [Redacted] Zip Code: [Redacted]
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening 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: _____ Date: 6/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: _____
Make: BUICK Model: BUICK Model Year: 1995
Date Purchased: 1995 Dealer's Name and Telephone Number: _____
Original Owner: [Redacted] Dealer's City: UNION MO State: MO Zip Code: 63084 Engine No: 8 Cylinders: 8 Fuel Type: GAS
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: 3.1 L
Vehicle Component Code: 180000 VEHICLE SPEED CONTROL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 03-JUN-2003 Failure Mileage: 34889 Failure Speed: 67 (VERY FAST) UNEXPLAINED ACCELERATION

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ The Model (Name or Number): _____ Tire Size (Example P215/65R15): _____
DOT No. (Example: DOTM19ABC036) 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: Yes No Fire: Yes No
Number of Persons Injured: 1 Number of Deaths: 0 Reported to Police: YES

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).

INTERMITTENTLY VEHICLE EXPERIENCED SUDDEN ACCELERATION. DEALER HAS INSPECTED THE VEHICLE SEVERAL TIMES AND COULD NOT DUPLICATE OR CORRECT THE PROBLEM. *AK

IN LAST INCIDENT STANDING STILL IN DRIVE WAY WAITING FOR PASSENGERS TO GET INTO CAR. 1 PASSENGER YELLED "CAR IS MOVING"
IT TOOK OFF LIKE A ROCKET OUT OF DRIVE, ACROSS STREET & LANDED IN A DITCH AGAINST A TREE. OWNER (IN PASSENGER SEAT) SUFFERED BROKEN NECK & SPINE (3 PLACES). DRIVER HAD FULL WEIGHT ON BREAKS - COULD NOT STOP THE CAR.

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

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act 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.

**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).**