



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

FDR AGENCY USE ONLY 1367

Date Received
2003 AUG 26
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OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: FLORENCE State: SC Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening Telephone Number: [Redacted]
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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 8/11/03

VEHICLE INFORMATION

17 (dot) Vehicle Identification Number Located at bottom of windshield on driver's side: 1G4NV55M2SC [Redacted] Make: BUICK Model: SKYLARK Model Year: 1995
Date Purchased: 8/95 Dealer's Name and Telephone Number: [Redacted] 843-662-8212 Engine: No. Cylinders: 6 Fuel Type: [Redacted]
Original Owner: [Redacted] Dealer's City: Florence State: SC Zip Code: 29501
Transmission Type: [Redacted] Antilock Brakes: Cruise Control: Powertrain: [Redacted] Vehicle Component Code: 141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 7-29-2003 Failure Mileage: 59,000 59,343 Failure Speed: 35

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM15ABC036): [Redacted] Original Equipment: Prior Repair: Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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: Y

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).

WHILE DRIVING 35 MPH VEHICLE WAS IN A FRONTAL COLLISION. AIR BAGS DEPLOYED AND BURNED DRIVER'S ARM *AK
The seat belt didn't come off my granddaughter. Climbed out the front in to back, Doretha didn't come and help me get out by the door, by ~~of~~ ^{out} front side the seat belt. The best we could.

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 informs that in 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.