



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](http://www.nhtsa.dot.gov/hotline)

2003 OCT - 1 PM 10:33  
08-SEP-2003

FOR AGENCY USE ONLY 231

Date Received  
Repository   
Reference No.  
10038424

**OWNER INFORMATION (Type or Print)**

Name  
Address  
City FOUNTAIN VALLEY State CA Zip Code

Daytime Telephone Number  
Evening Telephone Number  
E-mail Address

Do you authorize [redacted] manufacturer of your vehicle?  YES  NO  
In the absence of [redacted] name or address to the vehicle manufacturer.  
Signature of Owner [redacted] Date 9/13/2003

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
2G4WB92KXW158022A  
Make: BUICK Model: REGAL Model Year: 1998  
Date Purchased: 12-18-98 Dealer's Name and Telephone Number: Westminster Buick  
Engine: No. Cylinders: 6 Fuel Type: 87  
Original Owner:  Dealer's City: Westminster State: CA Zip Code: 92643  
Transmission Type: AUTO Antilock Brakes:  Powertrain:  Cruise Control:   
Vehicle Component Code: 015000 STEERING;HYDRAULIC POWER ASSIST SYSTEM  
Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 9/8/03 Failure Mileage: 16422 Failure Speed: 30 RACK & PINION

**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: DOTM1A9ABC036) Original Equipment Prior Repair:  Failure Location:  
Tire Component Code: The 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: 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; i.e., parts repaired or replaced (and if old part is available).

CONSUMER NOTICED WHILE MAKING LEFT TURNS VEHICLE LOST POWER STEERING AT 30 MPH. VEHICLE WAS ABLE TO MAKE RIGHT TURNS.  
\*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
The Privacy Act of 2004-Public Law 108-477 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 by 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)

RACK & Pinion Failed - Could not turn car to left  
Repair man said this is common on these cars. Also  
a condition called "Morning sickness" where the R & P  
is hard till it gets warmed up. I feel that this  
is a very dangerous condition because of the steering  
is so hard to turn. Should be a recall

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.



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

JUST ONE  
& MAKE A

DIFFERENCE



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  
ON

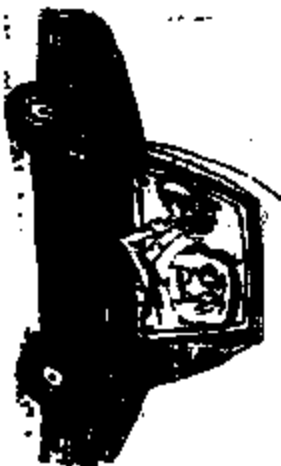
**DASH2DOT**

and call toll free at

**1-888-DASH-2-DOT**

1-888-927-4236

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(DASH) & DOT



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