



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 1367

Date Received: 7/23/98
Repository:
Reference No.: 10040427

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: DALLAS State: TX 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: _____ Date: 7/1/98

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 1G4CW52K3W4600208
Make: BUICK Model: PARK AVENUE Model Year: 1998

Date Purchased: 5/13/98 Dealer's Name and Telephone Number: DON SWELL BUICK 214-363-7251
Original Owner: Dealer's City: DALLAS State: TX Zip Code: 75243
Engine: No. Cylinders: 6 Fuel Type: GAS

Transmission Type: AUTO
 Antilock Brakes
 Cruise Control
Powertrain: FWD
Vehicle Component Code: 015000 STEERING: HYDRAULIC POWER ASSIST SYSTEM
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 9/16/98 Failure Mileage: 24969 Failure Speed: LESS THAN 5 MPH
POWER STEERING GEAR
26051512 REM STGR

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: DOTM18A8C036): _____ 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: 0 Number of Deaths: 0 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).

POWER STEERING GEAR BROKE WHICH CAUSED STEERING WHEEL TO BIND WHILE DRIVING. THE CAUSE OF THE PART BREAKING WAS UNDETERMINED. *AK - SEE ATTACHED COPY OF WORK ORDER. WORK ORDER STATES "LOSS OF FLUID". THIS IS NOT TRUE, THERE NEVER WAS LOSS OF FLUID. STATEMENT WAS TO PROTECT MFG. FAILURE WAS INTERNAL PART OF STEERING GEAR

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 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).**