



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 231

Date Received

2003 NOV 20 2 PM

Repository

Reference No.
10042810

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: COLUMBIA CITY State: IN Zip Code: [REDACTED]

Daytime Telephone Number

Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 10/31/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located in motor or stamped on driver's side: 2G4WF5215W1537547
Make: BUICK Model: REGAL Model Year: 1998
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: Kelley Automotive
Original Owner: Dealer's City: FORT WAYNE State: IN Zip Code: 46804
Engine: 3.8 Liter No. of Cylinders: 6 Fuel Type: Premium Unleaded
Transmission Type: Automatic Antilock Brakes: Powertrain: [REDACTED] Vehicle Component Code: 010000 STEERING
Cruise Control: Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 10-2-03 Failure Mileage: 51,501 Failure Speed: 5mph Rack + Pinion Steering failed.

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: DOTMABABC036): [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: [REDACTED] Number of Deaths: [REDACTED] 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 PULLING INTO A PARKING SPACE STEERING WHEEL WOULD NOT TURN LEFT. *AK

Car gave no indication that anything was wrong, it went out all at once. Fortunately it didn't happen while driving at a higher speed on a public Road or someone could have been injured. The Buick Dealership repaired the Rack + Pinion steering.

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).**