



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

2002 DEC -3
14 OCT 2002

Repository ☐

Reference No.

10042878

OWNER INFORMATION (Type or Print)

Name

Address

City

HOLLY RIDGE

State NC

Zip Code

Daytime Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO

In the absence of an authorized signature, NHTSA will use the signature or address to the vehicle manufacturer.

Signature of Owner

Date 11/3/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2G4WB52K5W1440868

Make

BUICK

Model

REGAL

Model Year

1998

Date Purchased

2001

Dealer's Name and Telephone Number

606 KING

Engine:

No. Cylinders

6

Fuel Type:

GAS

Original Owner

☐

Dealer's City

Wilmington NC 28403

State

NC

Zip Code

28403

Transmission Type

Auto

☒ Antilock Brakes

☒ Cruise Control

Powertrain

Auto V-6

Vehicle Component Code

015000 STEERING:HYDRAULIC POWER ASSIST SYSTEM

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

10/1/03

Failure Mileage

84,768

Failure Speed

5 mph

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: DOT 113 8C036)

☐ 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).

CONSUMER NOTICED WHILE TRAVELING AND MAKING A LEFT HAND TURN THAT POWER STEERING LOCKED UP. *AK

Rolling After a Stop - P/S Locked up
From there on Hard steering - clunked on left turns
Locked occ. - GM Discussing Possibility of a
Recall - 81441.10 excellent dealer
Very Very Dangerous Schaefer Buick, Wilmington NC.

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).**