



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
(1-888-327-4238) 2003 DEC 10
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100151

Date Received **PM 3:00 21 OCT 2003** Repository

Reference No.
10044304

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City **CYPRESS** State **CA** Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [Redacted]
Evening Telephone Number [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 ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G4BN5ZP9SR412137 Make **BUICK** Model **ROADMASTER** Model Year **1995**

Date Purchased _____ Dealer's Name and Telephone Number _____ Engine: _____ Fuel Type: _____
No: Cylinders _____

Original Owner Dealer's City _____ State _____ Zip Code _____

Transmission Type **AUTOMATIC** Antilock Brakes Powertrain _____ Vehicle Component Code **072100 FUEL SYSTEM, GASOLINE; DELIVERY: FUEL PUMP**
 Cruise Control Multiple Failure: **2**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) Failure Mileage **40000** Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/85R15) _____

DOT No. (Example: DOTMALBABC036) 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 _____ 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).

ONCE THE FUEL GAUGE REGISTERED HALF FULL IT WOULD STOP OPERATING. DEALER FOUND THAT THE WIRING TO THE FUEL PUMP WAS MELTED, AND REPLACED THE FUEL PUMP. *AK

See attached

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Vehicle driving out of state. The gas gauge stopped working when the tank was full it would run then it half empty and the gas would go to 10?

Upon my return I took the 95 brand into a Buick shop to be repaired. The entire pump-sensing system had to be replaced. Upon inspection the pump and electrical wiring to the pump it seemed the induction had melted directly around both ends of the fuel and air tubes. The owner would tell me there were no leaks that began there was no oxygen in the tank. To say that was and is a very "thin" explanation because under certain conditions oxygen would enter the tank. I would accept this explanation. Also they charged me \$700 for this when I could have had it done for \$400 elsewhere. I have been a good Buick customer.

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 79173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NHTL HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

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NECESSARY
IF MAILED
IN THE
UNITED STATES



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4238

DOT Auto Safety Hotline
(DASH) & DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
<http://www.nhtsa.dot.gov/dot>

**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).**