NVS200

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 100161

Date Received	Repository
22-OCT-2003 2003 DEC 12 PM 12:38	
	10044549

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City BOWMAN / State ND / Zip Code [redacted]	[redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of a [redacted] name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 11/5/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2G4WD52K8T1[redacted]	BUICK	REGAL	1996

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
9/9/00	Say Motor (Fleet) Nordberg Chg 5232 701-523-	6	Gas
Original Owner ☐	Dealer's City: Bowman / State: ND / Zip Code: 58623		

Transmission Type		Powertrain	Vehicle Component Code
	☑ Antilock Brakes ☑ Cruise Control	auto	141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
18-AUG-2003	98000	0	Vehicle Was Not Started

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: DOTMALSABCD36)	☐ Original Equipment ☐ Prior Repair	Failure Location: Bowman Nursing home
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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	1		Y

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).

WHEN THE DRIVER PUT KEY IN THE IGNITION AIR BAG DEPLOYED. DRIVER SUSTAINED MINOR FACIAL BURNS AND BRUISES, AND WAS TAKEN TO THE HOSPITAL EMERGENCY ROOM. A BUICK ENGINEER DETERMINED THERE WAS A DEFECT IN THE AIR BAG, BUT COULD NOT DETERMINE WHAT CAUSED AIR BAG DEPLOYMENT. *AK

RECEIVED
OFFICE OF DEFECTS INVESTIGATION
SAFETY ASSURANCE
2003 DEC 12 P 5:00

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

MICHAEL 11/5/13