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 100145

Date Received	Repository
2004 MAR 17 AM 11:06	
19-DEC-2003	Reference No. 10051849

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City SAINT JOSEPH	State MI	Zip Cod	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an e[illegible]e your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 03/06/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2G4 WF5 51X Y11 69687	BUICK	REGAL GS	2000

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
02/24/2000	WELLER CHEV 269-465-3344	6	premium

Original Owner	Dealer's City	State	Zip Code
☒	BRIDGMAN	MI	49106

Transmission Type		Powertrain	Vehicle Component Code
heavy duty 4 speed	☒ Antilock Brakes ☒ Cruise Control		014000 STEERING:RACK AND PINION Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
18-DEC-2003	27264	0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/66R15)
[redacted]		
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), Fatality(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

RACK AND PINION MALFUNCTIONED. AS A RESULT, STEERING FAILED WITHOUT WARNING. NO IMPACT WAS REPORTED. *AK

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