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

2004 FEB 17 AM 9:50

FOR AGENCY USE ONLY 1368

Date Received	Repository
14-JAN-2004	
	Reference No. 10054075

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City HAMBURG / State NY / Zip Code [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	Make	Model	Model Year
2G4WB52K8X [redacted]	BUICK	REGAL	1999

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
03/22/01	RICH'S AUTO (716-824-1043)			6	GAS
Original Owner ☐	Dealer's City BUFFALO N.Y. 14216	State NY.	Zip Code 14216		

Transmission Type			Vehicle Component Code
AUTO	☒ Antilock Brakes ☒ Cruise Control	Powertrain 3.8	015000 STEERING:HYDRAULIC POWER ASSIST SYSTEM Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
08-JAN-2004	102000	AT LOW SPEEDS

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: DOTMALSABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

WHEN MAKING A LEFT HAND TURN AT LOW SPEEDS VEHICLE LOST POWER STEERING. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK

THIS IS A CURRENT RECALL ON OTHER G M CARS BUT STOPS WITH YEAR 1998 I AM HAVING THE SAME PROBLEMS WITH MY 99 BUICK REGAL AS WHAT THESE OTHER CARS ARE HAVING FIXED FOR FREE (THIS RECALL SHOULD INCLUDE MY VEHICLE ALSO)

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