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 100181

Date Received: 23-FEB-2004 (2004 MAR 17 AM 11:18)
Repository ☐
Reference No.: 10059814

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: SPRING HILL | State: FL | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [redacted] Date: 3/3/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2G4WB52K1T[redacted]	BUICK	REGAL	1996

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
9/20/1996	GM CUSTOMER SERVICE 866-8324368 38838			6	GAS
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type			Vehicle Component Code
Auto.	☒ Antilock Brakes ☒ Cruise Control	Powertrain	014000 STEERING:RACK AND PINION Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	

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: DOTMAL9ABC038)	☐ 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).

RECALL 03V527000 CONCERNING STEERING GEAR BEARINGS. CONSUMER READ A NEWSPAPER ARTICLE ABOUT THE GMC POWER STEERING RECALL. THE CONSUMER HAD NOT RECEIVED THE NOTICE, BUT CALLED GMC TO GET AUTHORIZATION FOR RECALL REPAIRS. VEHICLE WAS MAKING NOISES WHEN STARTING AND WHEN TURNING. BUT, GMC REPRESENTATIVE STATED IT MAY NOT BE A PROBLEM WITH THE STEERING. ALSO, CONSUMER MUST PAY $90.00 FOR A DIAGNOSTIC TEST. *AK

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