



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 1388

Date Received  
2004 APR 20 AM 9:32  
15-MAR-2004

Repository   
Reference No.  
10063200

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City NASHVILLE State NC 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 4/1/04

VEHICLE INFORMATION

Vehicle Identification Number: Located at bottom of dashboard on driver's side  
2G4WF5217 [REDACTED] Make BUICK Model REGAL Model Year 1998  
Date Purchased \_\_\_\_\_ Dealer's Name and Telephone Number LBJ Chevrolet-Buick (252)459-2161 Engine No: Cylinders 6 Fuel Type: (Gas/Ethanol)  
Original Owner  Dealer's City Nashville State AL Zip Code 37956  
Transmission Type \_\_\_\_\_  Antilock Brakes Powertrain \_\_\_\_\_ Vehicle Component Code 012200 STEERING; COLUMN LOCKING-ANTI-THEFT DEVICE  
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 09-MAR-2004 Failure Mileage 70000 Failure Speed 46

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: DOTM1ALBABC036)  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).

WHILE DRIVING 45 MPH THE STEERING WHEEL LOCKED UP. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. \*AR

They had a recall on the Buick Regal for the exact same problem.

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.

**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).**