



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 335

Date Received

Repository

22-APR-2004 7:27

Reference No.

10071481

**OWNER INFORMATION (Type or Print)**

Name

Address

City

LINDENHURST

State

NY

Zip Code

Business Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES

In the absence of an authorized signature, your name or address to the vehicle manufacturer.

Signature of Owner

Date 5/14/04

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2G4WB52K331

Make

BUICK

Model

REGAL

Model Year

2003

Date Purchased

12-APR-03

Dealer's Name and Telephone Number

Engine:

No. Cylinders

6

Fuel Type:

Reg. Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

TRACTION CONTROL

Powertrain

Vehicle Component Code:

030000 SERVICE BRAKES, HYDRAULIC

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)

22-APR-2004

Failure Mileage

11000

Failure Speed

25

**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: DOTM1A9ABC036)

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

2

Number of Deaths

Reported to Police

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).

WHILE TRAVELING AT 25 MPH IN TRAFFIC DRIVER APPLIED THE BRAKES AND THE BRAKE PEDAL WAS VERY HARD. AS A RESULT, THE DRIVER HIT ANOTHER VEHICLE. \*AK

AS A RESULT MY CAR SUSTAINED \$9,700.00 WORTH OF DAMAGE, AND WHAT WAS EVEN MORE UNBELIEVABLE WAS THAT THE AIR BAGS DIDN'T ENGAGE, AND NO DAMAGE WAS DONE TO THE VEHICLE I HIT.

Include, if available: Police/ Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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.

5/14/04

N.H.T.S.A.

THIS ACCIDENT OCCURRED ON 4/22/04 AT 2:15 PM  
THE WEATHER WAS CLEAR, THE ROAD WAS DRY AND THE PAVEMENT  
HAD A ASPHALT OVERLAY. TRAVEL SPEED BETWEEN 20-30 MPH.

I WAS PROCEEDING SOUTHBOUND ON WELWOOD AVE.  
IN TRAFFIC, WHEN THE CARS IN FRONT OF ME STARTED TO SLOW  
DOWN, I APPLIED MY BRAKES HARD BUT THE CAR DID NOT  
RESPOND. I KEPT MY FOOT ON THE BRAKE AND VEERED SLIGHTLY  
TO THE LEFT, TRYING TO AVOID HITTING THE CAR IN FRONT OF ME  
AT ALL. I COULDN'T VEER TO THE SHOULDER ON THE RIGHT AS A  
VEHICLE AND MOTORCYCLE WERE PARKED.

MY CAR STOPPED ON IMPACT  
I WAS SLIGHTLY INJURED, DOCTOR SAYS BACK MUSCLE. NO  
INJURIES IN CAR I HIT, WHICH BY THE WAY IS A  
1978 FORD RANCHERO THAT HAD NO DAMAGE.

HAVE NOT AS YET RECEIVED COMPLETED BILL FOR REPAIRS

---

Field Report #

CENTRAL COMPLAINT # [REDACTED]

HOW TO OBTAIN A POLICE ACCIDENT REPORT MV-104a

1. BY MAIL: SEND A SELF ADDRESSED STAMPED ENVELOPE  
To: Suffolk County Police Department Central Records Section  
30 Yaphank Avenue, Yaphank, N.Y. 11980-9705

THE FOLLOWING INFORMATION SHOULD BE INCLUDED:

- A. YOUR NAME AND ADDRESS
  - B. DATE OF ACCIDENT
  - C. LOCATION OF ACCIDENT
  - D. NAME(S) OF VEHICLE OPERATOR(S)
  - E. CENTRAL COMPLAINT NUMBER, IF KNOWN
- \* A BILL FOR 25 CENTS PER PAGE WILL BE ENCLOSED WITH YOUR REPORT. IT WILL TAKE APPROXIMATELY TWO WEEKS TO RECEIVE YOUR COPY.
2. IN PERSON: ACCIDENT REPORTS FOR ACCIDENTS THAT OCCURRED DURING THE PAST 18 MONTHS ARE AVAILABLE TO BE PICKED UP AT CENTRAL RECORDS, MONDAY THROUGH FRIDAY, 9 A.M. TO 3:45 P.M. PLEASE ALLOW 7-10 BUSINESS DAYS FROM THE DATE OF THE ACCIDENT FOR THE REPORT TO REACH CENTRAL RECORDS. THERE IS A FEE OF 25 CENTS PER PAGE FOR ALL POLICE REPORTS.

DIRECTIONS FROM I.I.E.

- Eastbound: Exit 67 (Yaphank Ave.) Right Turn on Yaphank Ave. South One-Half Mile, First Right Turn After Railroad Crossing Bridge.  
Westbound: Exit 67 Left Turn at Traffic Light at Yaphank Ave. One-Half Mile Plus Right Turn After Railroad Crossing Bridge.

DIRECTIONS FROM SUNRISE HWY. RT. 27

- Eastbound: Rt. 27 to Horseblock Rd. Exit 57N. One Quarter Mile in Yaphank Ave. North One and One Half miles to Headquarters.  
Westbound: Rt. 27 to Horseblock Rd. Exit. Left on Service Rd. to Stop Sign. Right on Horseblock Rd. A Short Distance To Yaphank Ave. North One and One Half Miles To Headquarters.

3. FOR INFORMATION ONLY, PLEASE CALL (631) 852-6015  
POCS-4100a (2/86)