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 ☐
[illegible] JUN 2004 [illegible]	Reference No. 10071785

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number	
City MONTOURSVILLE	State PA	Zip Code [redacted]	

Do you authorize NHTSA to provide [illegible] manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an e[illegible] name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 5/20/2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2G4WF551XY1326309	BUICK	REGAL Grandsport	2000

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
29 MAY-00	FOWLER Motors 570-326-3721	6	Gasoline
Original Owner ☒	Dealer's City WILLIAMSPORT State PA Zip Code 17701		

Transmission Type		Powertrain	Vehicle Component Code
AUTO	☒ Antilock Brakes ☐ Cruise Control		017500 STEERING:LINKAGES:TIE ROD ASSEMBLY
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
28-APR-2004	18524		

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).

VEHICLE WAS TAKEN TO DEALER FOR A ROUTINE INSPECTION, AND MECHANIC DETERMINED THAT TIE RODS WORE OUT, AND VEHICLE WILL NOT PASS THE INSPECTION. *AK at 18,529 miles

I was told parts were made of plastic and failed easy. Now I'm afraid other may go out and affect steering and possibly cause accident may be even [illegible], How many others have had steering failures? Any deaths?

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

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).