



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1367

Date Received: 04-MAY-2004
Repository:
Reference No.: 10072079
2004 MAY 16 PM 8:54

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: Milford State: MA 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 your signature, provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 8/2/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2G4WB62K1W
Make: BUICK Model: REGAL Model Year: 1998
Date Purchased: 04-2003 Dealer's Name and Telephone Number: Imperial Chevrolet (508) 478-4910 Engine: 6 Fuel Type: gas 87 oct. regular unleaded.
Original Owner: Used Dealer's City: Milford State: MA Zip Code: 01757
Transmission Type: auto Antilock Brakes Powertrain: 3-8 Vehicle Component Code: 118100 ELECTRICAL SYSTEM:IGNITION:SWITCH
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 29-APR-2004 Failure Mileage: 33000 Failure Speed: 25

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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: [Redacted] Number of Deaths: [Redacted] 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 AT 25 MPH VEHICLE STALLED WHEN THE LEFT TURN SIGNAL WAS ENGAGED. VEHICLE RESTARTED, BUT LOST POWER BRAKE AND STEERING WITHIN 5 SECONDS. CONSUMER WAS ABLE TO PULL TO THE SIDE OF THE ROAD AND ENGAGE THE EMERGENCY BRAKES. FOLLOWING THIS, CONSUMER RESTARTED THE VEHICLE AND DROVE HOME. VEHICLE STALLED AGAIN WHILE THE CONSUMER WAS PULLING INTO THE DRIVEWAY. VEHICLE WAS THEN TOWED TO A DEALERSHIP, WHO INDICATED THAT THIS FAILURE WAS CAUSED BY A BAD IGNITION SWITCH. THE IGNITION SWITCH WAS REPLACED. *AK

Include, if available, Public 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 its agency 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).**