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 100145

Date Received	Repository ☐
04-JUN-2004 / 2004 SEP 14	Reference No. 10075705

OWNER INFORMATION (Type or Print)

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

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In ... provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 08 27 04

VEHICLE INFORMATION

Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2G4WS52J5Y1[redacted]	BUICK	CENTURY	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
08/27/2001	Neal Lackey 918-652-8690			6	No lead
Original Owner ☐	Dealer's City: Henryetta	State: Ok	Zip Code: 74437		

Transmission Type		Powertrain	Vehicle Component Code
Automatic	☒ Antilock Brakes ☒ Cruise Control	103000	103000 POWER TRAIN:AUTOMATIC TRANSMISSION; Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
26-NOV-2003	68000	stopped	Car wouldn't move when put in any Gear

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: DOTMAL9ABC035)	☐ 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	0	0	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).

WHEN MAKING A LEFT HAND TURN TRANSMISSION FAILED WITHOUT WARNING. *AK

Now when you put the car in any gear it doesn't move. Also the battery was disconnected and then reconnected and when the car was started miles started running up on the car while the car was just sitting and idleing.

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