



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 100184

Date Received: 07-20-2004 19
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OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: CEDAR SPRINGS State: MI Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address:
Evening Telephone Number:

Do you authorize NHTSA to contact the manufacturer of your vehicle? YES NO
Signature of Owner: [Redacted] Date: 6/21/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G4CW620W4 [Redacted]
Make: BUICK Model: PARK AVENUE Model Year: 1998
Date Purchased: [Redacted] Dealer's Name and Telephone Number: SHARP BUICK 1-800-442-8755
Original Owner: [Redacted] Dealer's City: GRAND RAPIDS State: MI Zip Code: [Redacted] Engine: 6 Cylinders Fuel Type: REG NO LEAD
Transmission Type: Auto Antilock Brakes: Cruise Control: Powertrain: [Redacted] Vehicle Component Code: 063200 ENGINE AND ENGINE COOLING: EXHAUST SYSTEM: MANIFOLD
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-JUN-2004 Failure Mileage: 65000 Failure Speed: 60

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): [Redacted] 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: 0 Number of Deaths: 0 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 60 MPH CHECK ENGINE LIGHT CAME ON, SHOWING THAT THE COOLANT WAS LOW. DEALER EXAMINED THE VEHICLE, AND FILLED THE RESERVOIR WITH COOLANT. BETWEEN THE DEALERSHIP AND THE CONSUMER'S HOME COOLANT DRAINED FROM THE RESERVOIR AND THE RADIATOR. VEHICLE WAS TOWED BACK TO THE DEALER, WHO REPLACED THE MANIFOLD, THE GASKET, AND UPPER PLENUM ON THE ENGINE. *AK

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

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).