



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 100147

Date Received

Repository

14-JUL-2004

Reference No.
10081917

2004 AUG 20 PM 4:05

OWNER INFORMATION (Type or Print)

Name

Daytime Telephone Number

E-mail Address

Address

Evening Telephone Number

City PORTLAND

State OR

Zip Code

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO

In the absence of Signature of Owner

Date 07/30/04

VEHICLE INFORMATION

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

Make

Model

Model Year

2G4WB52K8W

BUICK

REGAL L.S.

1998

Date Purchased

Dealer's Name and Telephone Number

Engine:

Fuel Type:

ARMSTRONG BUICK - 503-256-7924

No. Cylinders

GAS

Original Owner

Dealer's City

State

Zip Code

GLADSTONE

OR

97027

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

AUTOMATIC

Cruise Control

3.8 V6 FWD

012200 STEERING: COLUMN LOCKING: ANTI-THEFT DEVICE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

RACK & PINION

08-2004

85301

11-17-03

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: DOTM1BABC038)

Original Equipment

Failure Location:

Prior Repair

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).

WHEN TURNING THE STEERING WHEEL TOWARDS THE LEFT STEERING WHEEL LOCKED. CONSUMER HAD THE VEHICLE TOWED TO THE DEALERSHIP FOR INSPECTION. ~~NO~~ ONE REPAIR.

In order to turn left, I had to use a lot of muscle power to turn and once left turn completed and driving straight it was ok.

I purchased Buick Regal 98 on 02-07-02 from private party, they were original owners. I'm the second owner. It was purchased new on 01-03-98 from Armstrong Buick.

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.

**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).**