



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  
(1-888-327-4242)  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 108222

Date Received

Repository

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16-AUG-2004

Reference No.  
10087943

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City ELKINS PARK State PA 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 an authorized signature, please provide your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 1/1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
2GAWB54L1P1 [REDACTED] Make BUICK Model REGAL Model Year 1993  
Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED] Engine: [REDACTED] Fuel Type: Gas  
Original Owner  Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE  
Vehicle Component Code 2212D0 SEATS:FRONT ASSEMBLY:RECLINER  
Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 01-AUG-2004 Failure Mileage 195000 Failure Speed [REDACTED]

**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: DOTM15ABC036)  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 (e.g., parts repaired or replaced (and if old part is available)).

WHEN DRIVING, THE CONSUMERS SEAT BACK COLLAPSED. THE CONSUMER WAS CONCERNED THAT HE MAY FALL BACK WITH NO WARNING AND HAVE AN ACCIDENT. THE ANCHOR OF THE SEAT WAS BROKEN. \*JB

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

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.