



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 1220

Date Received

2004 SEP

27-AUG-2004

Repository ☐

22 AUG 10:22

Reference No.

10089930

OWNER INFORMATION (Type or Print)

Name

Address

City **MANN'S CHOICE**

State **PA**

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
(In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.)

Signature of Owner

Date **9/13/04**

VEHICLE INFORMATION

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

2G4WS5212Y

Make

BUICK

Model

CENTURY

Model Year

2000

Date Purchased

JUNE 29, 2000

Dealer's Name and Telephone Number

THOMAS BUICK 814 266 5844

Engine:

No: Cylinders

6

Fuel Type:

**UNLEADED
GAS**

Original Owner

Dealer's City

BLVD.

State

PA.

Zip Code

15904

Transmission Type

☒ Antilock Brakes

Powertrain

3.1 LITRE

☒ Cruise Control

Vehicle Component Code

103000 POWER TRAIN: AUTOMATIC TRANSMISSION

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

01-FEB-2004

Failure Mileage

29,150

Failure Speed

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: DOTM19ABC038)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

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 TRANSMISSION SLIPPED AS IF IT DID NOT KNOW WHAT GEAR IT SHOULD BE IN. TOOK VEHICLE TO THE DEALER, BUT PROBLEM WAS NOT RESOLVED. *AK

THE TRANSMISSION WAS REPAIRED AUGUST 18TH
THE TRANSMISSION WOULD JERK IN EVERY GEAR GOING UP IN
GEARS AND ALSO WOULD JERK COMING DOWN IN GEARS.
THIS WAS THE MANUFACTURER'S FAULT, ALSO I BELIEVE
I WAS WAY OVERCHARGED FOR THIS BILL. OVER ON BACK

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

THIS VEHICLE WAS BUILT IN OSHAWA, ON OF CANADA.
DATE OF MANUFACTURE 03-2000 TYPE PASSENGER CAR.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

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1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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**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).**