



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 100248

Date Received **2004 DEC 21** Repository
19-NCV-2004 Reference No. **10101385 38**

OWNER INFORMATION (Type or Print)

Name _____ Daytime Telephone Number _____ E-mail Address _____
Address _____ Evening Telephone Number _____
City **CATSKILL** State **NY** 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 an address to the vehicle manufacturer, _____
Signature of Owner _____ Date **7/10/04**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **2G4WF521731**
Make: **BUICK** Model: **REGAL** Model Year: **2003**
Date Purchased: **10/20/03** Dealer's Name and Telephone Number: **Noecker Buick Pontiac (516) 838-7628** Engine: **V6** Fuel Type: **Gas**
Original Owner: Dealer's City: **Hudson** State: **N.Y.** Zip Code: **12534**
Transmission Type: **AUTOMATIC** Antilock Brakes Cruise Control Powertrain
Vehicle Component Code: **013100 STEERING:GEAR BOX:SHAFT SECTOR**
Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): **03-OCT-2004** Failure Speed: **Continued - 8'04, 9'04, 10'04, 11'04, 12'04**
7'04 **36359-00 gung**

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: DOTMALSABC036): _____ 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: **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).

INTERMEDIATE STEERING SHAFT BECAME LOOSE, MAKING IT DIFFICULT TO STEER, ESPECIALLY ON SLOWER SPEED. *AK

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

The Privacy Act of 1974-Public Law 93-578 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 condensed summary thereof, may be used in support of the agency's action.

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

Since July '04 - reported repeatedly - have quite
feeling in steering - especially noticeable at
slow speed - Often feeling anything to do with
front end - recall shop (GM) put new tires on
and new brakes (13 Sep 04) - problem continued.
My family members noticed immediately that
the condition continued - Finally, a call to Buick
resulted in suggestion to take the vehicle
to another GM garage. Immediately, the
problem was spotted by their service department.
As they stated information to all GM sub-sea
had been sent as early as Jul 04 - Problem esp
widespread that this part is nationally recalled.

U.S. Department
of Transportation
National Highway
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Administration

Catskill, N.Y.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

Official Business
Penalty for Private Use \$300

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
ON

DASH2DOT

and dial toll free at

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DOT Auto Safety Hotline
(DASH) 2 DOT



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