



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 1220

Date Received

Repository

2005  
JAN 24 PM 10:45  
09-DEC-2004 45

Reference No.  
LD103404

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: CUYAHOGA FALLS State: OH Zip Code: 44223

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to contact the manufacturer of your vehicle or address to the vehicle manufacturer?  
Signature of Owner: [Redacted] Date: 12/22/07

**VEHICLE INFORMATION**

VIN: 1G4GD22K6V4 [Redacted] Make: BUICK Model: RIVIERA Model Year: 1997  
Date Purchased: [Redacted] Dealer's Name and Telephone Number: SIMA BUICK 216 481-9800  
Original Owner: No Dealer's City: CLEVELAND OH State: OH Zip Code: [Redacted] Engine: 6 Cylinders Fuel Type: REG  
Transmission Type: auto Antilock Brakes:  Powertrain: [Redacted] Vehicle Component Code: 200000 WHEELS  
 Cruise Control Multiple Failure: 1

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

Incident Date(s): 01-NOV-2004 Failure Mileage: 93000 Failure Speed: - 0 -

**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: DOTM1SABC036) Original Equipment:  Failure Location: [Redacted]  
 Prior Repair  
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 PULLING OUT OF A PARKING SPACE THE FRONT PASSENGER WHEEL COMPLETELY DISENGAGED. PLEASE PROVIDE ANY FURTHER INFORMATION. \*JB  
I WAS ON MY WAY TO GET a wheel alignment  
Stopped first to buy groceries, pull out + car started  
because steering wheel was at 3 o'clock, + car steering swayed  
I thought it needed this

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.

**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).**