



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 100192

Date Received

Repository

2005 JAN -5 PM H: 25  
15-DEC-2004

Reference No.  
10109831

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City NUTLEY State NJ Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

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 [REDACTED] Date 12.23.04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
2G4WB52K0W [REDACTED] Make BUICK Model REGAL Model Year 1998  
Date Purchased Dealer's Name and Telephone Number Engine: No. Cylinders 6 Fuel Type: Gas  
Original Owner Dealer's City State Zip Code 3-8  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 013000 STEERING:GEAR BOX (OTHER THAN RACK AND PINION) Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 14-DEC-2004 Failure Mileage 79300 Failure Speed: LEFT TURNS ONLY  
The steering problem has occurred now & then, more than ever before. Do not feel safe on left turns!

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R16)  
DOT No. (Example: DOTM1A8C038)  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), Fatality, Crash(es), and Injury(es).)

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(es).  
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).

RECALL D3V527000 CONCERNING STEERING GEAR BEARINGS. VEHICLE IS HAVING PROBLEMS MAKING LEFT HAND TURNS. WHEN MAKING A LEFT TURN THE WINDING NOISE GETS LOUD, AND STEERING BECOMES VERY DIFFICULT. THIS VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO VIN. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-570 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)

Upon MAKING LEFT HAND TURNS - (ONLY), Steering FAILS, LOUD WINEING NOISE, HARD to steering. Have to pull over, shut vehicle down, & RESTART, To REGAIN Power steering! This problem Happens intermittently. Had Vehicle Checked at Dealership. The Technician, Removed CAP at steering RACK, with a Hammer & Chisel CAP FELL to Floor, at This point could not check for METAL Filings, (Residue) METAL CAP hit Floor. Did not SEEM To BE VERY PROFFESIONAL, The way my vehicle was Checked over HE SAID it NEEDS steering RACK To Correct The problem, Also I had no Leaks in RACK until (NOW) I Now Have Leakage where the Technician USED Hammer & Chisel, I have retained SERVICE Bulletin, <sup>FOR THIS</sup> ATTACH ADDITIONAL SHEETS IF NECESSARY. Problem in Buick's - GM's, & Review Recall Notice, I have, Same problem as in Recall & SERVICE BULLETIN, I do not feel I am being treated fairly in, this matter, please, advise, THANK YOU

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 73178 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, NV8-216 400 7th Street, SW Washington, DC 20590



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DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

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and dial toll free at

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