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Form Approved O.M.B. No. 2127-0008



U.S. Department of
Transportation
National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8383
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue
or black ink pen only.
CORRECT MARK

FOR AGENCY USE ONLY

Date Received _____
Order _____
Reference No. 22 _____
up to _____

OWNER INFORMATION (Type or Print)

DAYTIME (E) PHONE NUMBER _____

NAME _____
STREET NO. _____ APT. NO. _____
CITY GIG HARBOR STATE WA
ENTER ZIP CODE _____

ZIP CODE + 4 _____

AREA 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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

SIGNATURE OF OWNER _____

DATE 3/30/85**VEHICLE INFORMATION**

VEHICLE IDENT. NO. (VIN) 2G4WD6467A1 VEHICLE MAKE BUICK VEHICLE MODEL REGAL MANUFACTURE DATE _____ MODEL YEAR 1991

VEHICLE MANUFACTURER

☐ BMW ☐ Ford ☐ Honda ☐ Nissan ☐ Subaru ☐ Volvo ☐ Other _____
☐ Dealer/Chrysler ☒ General Motors ☐ Hyundai ☐ Saab ☐ Toyota ☐ VW

PURCHASE DATEJAN. 1994☐ New
☒ Used**DEALER'S NAME**GILCHRIST**CITY**TACOMA**STATE**WA**ZIP CODE**9**ENGINE SIZE**

(CID/CCU) _____

NO. CYLINDERS**FUEL SYSTEM**☐ Turbo
☐ Fuel Injection**FUEL TYPE**☐ Diesel
☒ Gas**TRANSMISSION TYPE**☐ Manual
☒ Automatic**ANTILOCK BRAKES**☐ Yes
☐ No**RESTRAINT SYSTEM**☐ Driver's Airbag ☐ 2-Point Belt
☐ Passenger's Airbag ☐ Motorbelt
☐ 3-Point Belt**CRUISE CONTROL**☒ Yes
☐ No**DRIVETRAIN**☐ Front ☒ 4-Wheel
☐ Rear**VEHICLE TYPE**☒ Car ☐ Minivan ☐ Truck ☐ Other _____
☐ Van ☐ Sport Utility ☐ Motorcycle**DOORS**☐ 2-Door
☒ 4-Door**BODY STYLE**☐ Hatchback ☒ Sedan
☐ Pick Up Truck ☐ Stationwagon**FAILED COMPONENT(S)/PART(S) INFORMATION****COMPONENT**

☐ Child Seat
☐ Electrical Lights & Alarms
☐ Engine & Cooling System
☐ Equipment
☐ Fuel System, Exhaust
☐ Heater, Defrost, Ventilation
☐ Interior
☐ Parking Brake
☐ Power Train
☒ Service Brakes
☐ Steering
☐ Structure
☐ Suspension
☐ Visual Systems
☐ Other _____

NO. OF FAILURES1 0 1 2 3 4 5 6 7 8 9**INCIDENT DATE**APRIL 14, 2004**MILEAGE AT INCIDENT**?**VEHICLE SPEED AT INCIDENT**5-10 Mi Per Hr.**FAILED PART(S)**☐ Original
☐ Replacement

To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).

TIRE NAME**COMPLETE TIRE SIZE****TIRE BRAND**

☐ BF Goodrich
☐ Cooper
☐ Firestone
☐ Goodyear
☐ Kelly Springfield
☐ Michelin
☐ Yokohama
☐ Other _____

HANDICAPPED ADAPTIVE☐ Yes ☒ No**FAILED PART(S) AVAILABLE?**☐ Yes ☐ No**NHTSA PREVIOUSLY CONTACTED?**☒ Yes ☐ No**APPLICABLE INCIDENT INFORMATION**

Please describe
in detail the
incident(s),
failure(s),
Crash(es), and
injury(es) on
the back of
this form.

CRASH☒ Yes
☐ No**NUMBER OF PERSONS INJURED**0 0 1 2 3 4 5 6 7 8 9**FIRE**☐ Yes
☐ No**NUMBER OF FATALITIES**0 0 1 2 3 4 5 6 7 8 9**CAUSE OF INCIDENT**

☐ Wear/Corroded/Rust
☐ Weak/Poor Fit/Loose
☐ Cut/Torn
☐ Disconnect/Fall Off
☐ Erratic/Poor Performance
☐ Excessive Effort

☐ Noisy
☐ Leaks
☐ Short
☐ Loose/Sticks/Grabs
☐ Stability/Vibration
☐ Broken

RESULT OF INCIDENT

☐ Explosion/Fire
☒ Loss of Control
☐ Poor Visibility
☐ Inadvertent Start
☐ Rollover
☐ Stalls
☐ Sudden Acceleration

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Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

THE LAST INCIDENT: APRIL 1994
I WAS LEAVING MY PARKING SPOT AT
THE TACOMA MALL ON A VERY SLIGHT
TURNDOWN WHEN SUDDENLY I HAD NO
CONTROL AND THE CAR PLOUGHED INTO A
WICKSHEET FENCE. I WAS SO FORTUNATE
THE PEOPLE BEHIND ME WERE ABLE
TO EASE ME. EVERYONE GATHERED
AROUND THE CAR AND I CALLED FOR
ASSISTANCE. I WAS ABLE TO MOVE THE
CAR TO A SPOT ABOUT 15 FEET AWAY
W/O ASSISTANCE AND CALLED AAA
FOR A TOW TO GILCHRIST PLAZA.
AND MADE A REPORT WITH AAA'S
SECURITY. AT GILCHRIST PLAZA
THEY AGAIN CHECKED THE CAR
AND SAID THEY COULD NOT FIND ANY-
THING WRONG - BUT THEY DID NOT
EVEN GIVE ME A STATEMENT
SETTING SO.

AS PER ATTACHED INVOICES:
HAD PROBLEM IN NOV. 1995, APRIL '96
SEPT. '96, JUNE 2002 AND
OTHERS.

Continue on additional page if necessary.

Describe any additional incidents. (Exclude date and mileage)

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.

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NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 79173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NAT'L HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

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



VEHICLE OWNER QUESTIONNAIRE (VOLUNTARY)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-D

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration

www.nhtsa.dot.gov/hotline

Complete and return or place in your car manual for future use

**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).**