



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-1-DOT  
(1-888-327-4238)  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received 02-10-2005	Repository <input type="checkbox"/>
Reference No. 10123985	

OWNER INFORMATION (Type or Print)

Name: [REDACTED]

Address: [REDACTED]

City: DWIGHT State: IL Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]

Evening Telephone Number: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO

In the absence of an authorized signature, please print your name or address to the vehicle manufacturer.

Signature of Owner: [REDACTED] Date: 6/10/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G4CW52K [REDACTED]

Make: BUICK Model: PARK AVENUE Model Year: 1996

Date Purchased: 23-FEB-05 Dealer: [REDACTED] Dealer's City: OTTAWA State: IL Zip Code: [REDACTED]

Engine: No. Cylinders: 6 Fuel Type: Gas

Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control  Powertrain: FRONT WHEEL DRIVE

Vehicle Component Code: 16900 ELECTRICAL SYSTEM:IGNITION:ANTI-THEFT CONTROLLER

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 23-MAR-2005 Failure Mileage: 112000 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/85R15): [REDACTED]

DOT No. (Example: DOTM15ABC036): [REDACTED]  Original Equipment  Prior Repair Failure Location: [REDACTED]

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, failure(s), condition, 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).

DT: CONSUMER HAS SAME PROBLEM AS RECALL #95V204000, ELECTRICAL SYSTEM IGNITION ANTI-THEFT CONTROLLER. MANUFACTURER SAID CONSUMER'S VIN IS NOT INCLUDED IN RECALL. DEALER SAID SHE WOULD HAVE TO PAY TO GET THE PART IN CAR REPAIRED (THE CAPACITOR), BUT WOULD GIVE HER THE REMOTE FOR FREE. \*TT

*THE CAPACITOR IS BROKEN SO THE REMOTE CAN NOT BE PROGRAMMED TO WORK.*

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

The Privacy Act of 1974 (Public Law 93-503) 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.