



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

FOR AGENCY USE ONLY 100148

Date Received

03-JUN-2005

Repository ☐

15 JUN 7:50
Reference No.
10124126

OWNER INFORMATION (Type or Print)

Name

Address

City NASHVILLE

State TN

Zip Code

Daytime Telephone Number

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

Date 7/7/05

VEHICLE INFORMATION

17 digit vehicle identification number entered in bottom of owner's card

2G4WB5SK0Y

Make

BUICK

Model

REGAL

Model Year

2000

Date Purchased
06-SEP-01

Dealer's Name and Telephone Number

NO LONGER IN BUSINESS

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

142000 AIR BAGS:SIDE/WINDOW

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

31-MAY-2005

Failure Mileage

129000

Failure Speed

30

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: DOTM18A8C038)

☐ 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

Crash

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

1

Number of Deaths

Reported to Police

Y

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: THE CONSUMER WAS INVOLVED IN A WRECK, THE IMPACT WAS THE FRONT END OF THE CAR. THE AIR BAGS DID NOT DEPLOY ON THE DRIVER'S SIDE. AIR BAG LIGHT DID NOT COME ON. THE SPEED WAS 30-35 MPH CONSUMER SUSTAINED INJURIES. THIS WAS A 2000 BUICK REGAL. THE VEHICLE WAS IN REGULAR MAINTENANCE. *AK

LEFT SHOULDER INJURED LOWER BACK BOTH KNEES PAIN
FOR ARM AND KNEE.

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.