

 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
		Date Received 2005 AUG -5 AM 10-JUN-2005		Repository <input type="checkbox"/> Reference No. 10124820	
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address					
City LAKE OSWEGO		State OR		Zip Code	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
Signature of Owner		Date			
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number: Located at bottom of windshield on driver's side		Make		Model	
2G4WF5213W14		BUICK		REGAL	
Date Purchased		Dealer's Name and Telephone Number		Engine	
28-JAN-04				No. Cylinders 6	
Original Owner		Dealer's City		Fuel Type	
<input type="checkbox"/>				Gas	
Transmission Type		Powertrain		Vehicle Component Code	
AUTOMATIC		FRONT WHEEL DRIVE		D14000 STEERING: RACK AND PINION	
<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control				Multiple Failure: 1	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s)		Failure Mileage		Failure Speed	
27-DEC-2004		86000			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/B59R15)	
DOT No. (Example: DOTM19ABC098)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:	
Tire Component Code				Tire Failure Type	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), location(s), crash(es), and injury(ies).)					
Crash		Fire		Number of Persons Injured	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Number of Deaths		Reported to Police			
		M			
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 VEHICLE TURNS PROPERLY TO THE RIGHT, BUT WHEN TURNING TO THE LEFT, IT FEELS AS THOUGH THERE IS NO POWER STEERING. THE VEHICLE IS CURRENTLY AT DEALERSHIP BEING REPAIRED, AND CONSUMER WAS TOLD IT WAS A PROBLEM WITH RACK AND PINION STEERING. VEHICLE IS NOT PART OF THE CURRENT RECALL. *AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <b>ATTACH ADDITIONAL SHEETS IF NECESSARY</b>					
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.					



## Office of Defects Investigation

## Recalls - Search Results

Report Date : June 10, 2005 at 12:38 PM

NHTSA Campaign ID number : 03V527000

<b>Make / Models :</b>	<b>Model/Build Years:</b>
BUICK / REGAL	1996-1998
CHEVROLET / LUMINA	1997-1998
CHEVROLET / MALIBU	1997-1998
CHEVROLET / MONTE CARLO	1997-1998
OLDSMOBILE / CUTLASS	1997-1998
OLDSMOBILE / CUTLASS SUPREME	1996-1997
OLDSMOBILE / INTRIGUE	1998
PONTIAC / GRAND PRX	1996

Manufacturer : GENERAL MOTORS CORP.

NHTSA CAMPAIGN ID Number :  
03V527000

Recall Date : DEC 11, 2003

Component: STEERING:RACK AND PINION

Potential Number Of Units Affected : 750283

**Summary:**

CERTAIN PASSENGER VEHICLES HAVE LOWER PINION BEARINGS IN THE POWER RACK AND PINION ASSEMBLY IN WHICH THE RETAINER TABS WERE NOT CRIMPED PROPERLY. THESE RETAINERS COULD FAIL AND PERMIT THE BALL BEARINGS TO ESCAPE.

**Consequence:**

IF THIS OCCURS, THE PINION SHAFT CAN BE FORCED UPWARD DURING LEFT TURNS AND BACK DOWN AS THE STEERING WHEEL IS MOVED BACK AND TO THE RIGHT. IF THE PINION SHAFT MOVES FURTHER, THE DRIVER WILL NEED TO EXERT MORE EFFORT TO TURN THE STEERING WHEEL, SIMILAR TO A VEHICLE WITHOUT POWER ASSISTED STEERING. IF THE PINION SHAFT MOVES EVEN FURTHER, THE DRIVER WILL REQUIRE MUCH HIGHER EFFORT TO TURN LEFT AND MAY NOT BE ABLE TO TURN THE WHEEL AS MUCH AS INTENDED. WITH THE MAXIMUM PINION SHAFT MOVEMENT, WHICH REQUIRES INTERNAL GEAR COMPONENT DAMAGE, THE DRIVER CAN ENCOUNTER HIGH RESISTANCE TO TURNING LEFT, FOLLOWED BY UNINTENDED POWER ASSIST TO THE RIGHT. IN ANY OF THESE CONDITIONS, A CRASH COULD OCCUR.

**Remedy:**

DEALERS WILL INSTALL A NEW LOWER PINION BEARING UNLESS INSPECT OF THE EXISTING BEARING INDICATES THAT REPLACEMENT OF THE GEAR ASSEMBLY IS NECESSARY. OWNER NOTIFICATION BEGAN ON FEBRUARY 5, 2004. OWNERS SHOULD CONTACT BUICK AT 1-866-608-8080; CHEVROLET AT 1-800-630-2438; OLDSMOBILE AT 1-800-630-6537; OR PONTIAC AT 1-800-620-7668.

**Notes:**

GM RECALL NO. 03062. CUSTOMERS CAN ALSO CONTACT THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S AUTO SAFETY HOTLINE AT 1-888-DASH-2-DOT (1-888-327-4236).

1998 Buick Regal GS

Select Different Vehicle

**Recall Notice**

These recall notices may not apply to all vehicles. Please contact your dealer for more details or contact the National Highway Traffic Safety Administration's Auto Safety hotline at 1-888-DASH-2-DOT (1-888-327-4236).

**Component**

Component: Steering: Rack And Pinion

**Defect Summary:** CERTAIN PASSENGER VEHICLES HAVE LOWER PINION BEARINGS IN THE POWER RACK AND PINION ASSEMBLY IN WHICH THE RETAINER TABS WERE NOT CRIMPED PROPERLY. THESE RETAINERS COULD FAIL AND PERMIT THE BALL BEARINGS TO ESCAPE.

**Consequence Summary:** IF THIS OCCURS, THE PINION SHAFT CAN BE FORCED UPWARD DURING LEFT TURNS AND BACK DOWN AS THE STEERING WHEEL IS MOVED BACK AND TO THE RIGHT. IF THE PINION SHAFT MOVES FURTHER, THE DRIVER WILL NEED TO EXERT MORE EFFORT TO TURN THE STEERING WHEEL, SIMILAR TO A VEHICLE WITHOUT POWER ASSISTED STEERING. IF THE PINION SHAFT MOVES EVEN FURTHER, THE DRIVER WILL REQUIRE MUCH HIGHER EFFORT TO TURN LEFT AND MAY NOT BE ABLE TO TURN THE WHEEL AS MUCH AS INTENDED. WITH THE MAXIMUM PINION SHAFT MOVEMENT, WHICH REQUIRES INTERNAL GEAR COMPONENT DAMAGE, THE DRIVER CAN ENCOUNTER HIGH RESISTANCE TO TURNING LEFT, FOLLOWED BY UNINTENDED POWER ASSIST TO THE RIGHT. IN ANY OF THESE CONDITIONS, A CRASH COULD OCCUR.

**Corrective Summary:** DEALERS WILL INSTALL A NEW LOWER PINION BEARING UNLESS INSPECT OF THE EXISTING BEARING INDICATES THAT REPLACEMENT OF THE GEAR ASSEMBLY IS NECESSARY. OWNER NOTIFICATION BEGAN ON FEBRUARY 5, 2004. OWNERS SHOULD CONTACT BUICK AT 1-888-808-8080; CHEVROLET AT 1-800-630-2438; OLDSMOBILE AT 1-800-630-6537; OR PONTIAC AT 1-800-620-7668.



# Direct Deposit Authorization

**Directions** — To sign up for Direct Deposit, fill out Section 1. Then take this form to your financial institution. They must verify the information in Section 1 and complete Section 2. The completed form must be returned to Express before Direct Deposit can be initiated.

## Section 1:

Name: [Redacted] Soc. Sec. Number: [Redacted]  
 Address: [Redacted] Apartment Number: \_\_\_\_\_  
 City: LAKE OSWEGO State: OR Zip Code: [Redacted]  
 Home Telephone Number: [Redacted]

I hereby authorize Express Personnel Services to deposit funds into the account indicated below. I also authorize Express Personnel Services, if necessary, to withdraw funds from the account below to correct any errors. This authority is to remain in full force and effective until Express Personnel Services receives written notice from me to terminate the direct deposit, allowing a reasonable amount of time for Express Personnel Services and the financial institution to act. I accept responsibility for notifying Express Personnel Services of any change to my account's status. I also understand that changes will take three (3) weeks and that regular (paper) checks will be distributed during this three-week period.

Funds can only be deposited into one account, checking or savings. Please select your direct deposit account type:  Checking or  Savings

[Redacted Signature] \_\_\_\_\_ Date: 6/10/05  
 Express Representative Signature \_\_\_\_\_ Date \_\_\_\_\_ Office Number \_\_\_\_\_

## Section 2: (This section MUST be filled out by your financial institution)

Bank (Financial Institution): BANK OF THE WEST  
 Address: 9950 SW Nimbus Ave  
 City: Beaverton State: OR Zip Code: 97008  
 Telephone Number: (503) 644-4909

Please enter account numbers EXACTLY as they need to appear.

Receiver's Account Number: [Redacted]  
 Receiver's 9-Digit Routing Number: [Redacted]

Dawn K Murakami DAWN K MURAKAMI  
 Bank Representative Name \_\_\_\_\_  
Dawn K Murakami \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Bank representative's signature required for processing.

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).