



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 100148

Date Received  
2005 SEP -6 AM 5:21  
08-AUG-2005

Repository   
Reference No.  
10131898

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City DES MOINES State IA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle's manufacturer.  
Signature of Owner [REDACTED] Date 8/26/05

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1G4CJ3219T [REDACTED] Make BUICK Model PARK AVENUE ULTRA Model Year 1998  
Date Purchased 16-NOV-08 Dealer's Name and Telephone Number CAPITAL CITY BUICK 615-276-0600 Engine: No: Cylinders 6 Fuel Type: Gas  
Original Owner  Dealer's City DES MOINES State IA Zip Code 50322  
Transmission Type  Automatic Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 072200 FUEL SYSTEM, GASOLINE DELIVERY:HOSES, LINES/PIPING, Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 25-JUL-2005 Failure Mileage 91000 Failure Speed

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
DOT No. (Example: DOTM18ABC036)  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(s), failure(s), condition, and/or defect(s).)

Crash:  Yes  No Fire:  Yes  No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] 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: THE PRESSURE FUEL LINE SPILT AND LEAKED GAS. IT WAS LOCATED RIGHT BEHIND THE ENGINE. CALLER SAID THEY SMELLED GAS. DEALER HAD TO ORDER A WHOLE NEW FUEL LINE, AND FIXED VEHICLE AFTER FOUR DAYS. MANUFACTURER HAD NOT BEEN CONTACTED YET. \*AK

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

The Privacy Act of 1974 (Public Law 93-502) 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.

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).