



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 DEC 27 PM 2:47
28-NOV-2005
Repository
Reference No. 10149943

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: BIG BEND State: WJ 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?
in the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: / / YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G4GJ1173 [Redacted]
Make: BUICK Model: REGAL Model Year: 1997
Date Purchased: 01-NOV-98 Dealer's Name and Telephone Number: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Engine: No. Cylinders: 6 Fuel Type: Gas
Transmission Type: Automatic/Automatic Overdrive Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 185000 VEHICLE SPEED CONTROL, CRUISE CONTROL
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 28-NOV-2005 Failure Mileage: 81000 / 96000 Failure Speed: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P216/86R15): _____
DOT No. (Example: DOTM9ABC035) 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

(Please describe in detail the incident, failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No
Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: Yes No

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 CONTACT STATED THERE WAS SUDDEN ACCELERATION WHILE DRIVING WITH THE CRUISE CONTROL ENGAGED. THE VEHICLE SUDDENLY LURCHED FORWARD AND STRUCK A TELEPHONE POLE. THERE WAS DAMAGE TO THE DRIVER'S SIDE QUARTER PANEL. THE CONTACT MANAGED TO DRIVE THE VEHICLE HOME. HE DID NOT FILE A POLICE REPORT. AFTERWARDS, HE NOTICED THE CRUISE CONTROL ACTIVATED ALTHOUGH HE ~~MANUALLY~~ ^{MANUALLY} DISENGAGED THE SWITCH, THE VEHICLE HAS NOT BEEN TO A DEALER FOR INSPECTION. *AK

Break

Simulated the condition on the way home it happened 2
Two more times

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

This 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Driving with cruise control Engaged, Came To
A Green Lite and Turn. Depressed Brake pedal
To make Turn. Kept foot on Brake until middle
of Turn, then car had sudden Acc. Like it when
into Resume Cruise condition. Lost control
of car and hit telephone pole, was able
to drive car home, simulated same conditions
except on straight away. Same thing happened
twice, Turned off cruise control until repaired

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON**

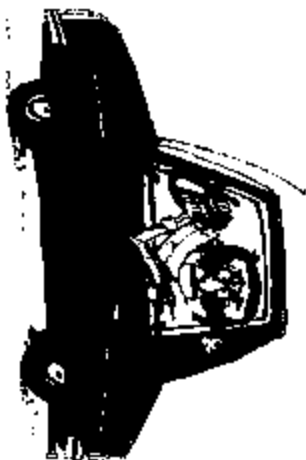
DASH2DOT

and dial toll free at

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(DASH) 2 DOT



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