

 <p style="text-align: center;"><b>AUTO SAFETY HOTLINE</b> <b>VEHICLE OWNER'S QUESTIONNAIRE</b></p> <p style="text-align: center;">NATIONWIDE 1-800-424-9393 DC METRO AREA 202-366-0123</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY</b></p> <p>DATE RECEIVED <span style="font-size: 2em; margin-left: 20px;">04-12-07</span></p> <p>od. or _____ rt. dt _____ od. rt _____ up. ltr _____</p> <p>REFERENCE NO. <span style="font-size: 2em; margin-left: 20px;">10/87960</span></p>
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<b>OWNER INFORMATION (TYPE OR PRINT)</b>	
NAME and ADDRESS	
[REDACTED]	
W. SACRAMENTO, CA [REDACTED]	
DAY TIME TELEPHONE NO. (AREA CODE)	
[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 manufacturer.

SIGNATURE OF OWNER	[REDACTED]	DATE <u>4/3/07</u>
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VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO.* <u>1G4CW52K9W4</u>	VEHICLE MAKE <u>Buick</u>	VEHICLE MODEL <u>PARK AVE.</u>	MODEL YEAR <u>1998</u>
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE			
CURRENT ODOMETER READING <u>112169</u>	DATE PURCHASED <u>7/98</u>	DEALER'S NAME, CITY & STATE <u>DAVIS PONTIAC Buick GMC Inc</u> <u>5000 CHILES RD.</u> <u>DAVIS, CA, 95616</u>	ENGINE SIZE (CID/CC/L) <u>3.8</u> <input type="checkbox"/> TURBO <input type="checkbox"/> DIESEL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/> FUEL INJECTN
TRANSMISSION TYPE <input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTOMATIC	ANTILOCK BRAKES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RESTRAINT SYSTEM <input checked="" type="checkbox"/> DRIVERSIDE AIRBAG <input type="checkbox"/> MOTORBELT <input checked="" type="checkbox"/> PASSENGERSIDE AIRBAG <input checked="" type="checkbox"/> 3-POINT BELT <input type="checkbox"/> 2-POINT BELT	CRUISE CONTROL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		DRIVETRAIN <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> 4-WHEEL	BODY STYLE STAWAG 4 DR <input checked="" type="checkbox"/> 2 DR _____ HATCH BK _____ VAN _____ PK UP TRK _____ OTHER _____

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT	PART NAME(S)	LOCATION	FAILED PART(S)
	<u>AIR FLOW SENSOR</u>	<input checked="" type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR	<input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> REPLACEMENT
NO. OF FAILURES <u>1</u>	DATE(S) OF FAILURE(S) <u>3/31/07</u>	MANUFACTURER CONTACTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NHTSA PREVIOUSLY CONTACTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	MILEAGE AT FAILURE(S) <u>112154</u>		
	VEHICLE SPEED AT FAILURE(S) <u>Parked</u>		

APPLICABLE ACCIDENT INFORMATION					
ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER PERSONS INJURED	NUMBER OF FATALITIES	PROPERTY DAMAGE ESTS	POLICE REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO

NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

CONTINUE ON BACK IF NEEDED

<p>The Privacy Act of 1974 Public Law 93-579</p> <p>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</p>	<p>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.</p>
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