



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

Repository ☐

2007 DEC 12 AM 11:02
05-NOV-2007

Reference No.
10207935

OWNER INFORMATION (Type or Print)

Name

Address

City

ABINGDON

State VA

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 ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

Model

Model Year

2G4WF5517Y1

BUICK

REGAL

2000

Date Purchased
01-AUG-00

Dealer's Name and Telephone Number

CRABTREE BUICK 276 669 3141

Engine:

Fuel Type:

No: Cylinders 6

Gas

Original Owner

Dealer's City

State

Zip Code

☒

Transmission Type

☒ Antilock Brakes

Powertrain

Vehicle Component Code

AUTOMATIC

☒ Cruise Control

ALL WHEEL DRIVE

010000 STEERING

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
26-AUG-2007

Failure Mileage
26729
41296

Failure Speed
10

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: DOTM19ABC036)

☐ 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(s), Failure(s), Crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

☐ Yes ☒ No

☐ Yes ☒ No

0

0

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).

TL*THE CONTACT OWNS A 2000 BUICK REGAL. THE CONTACT WAS UNABLE TO STEER THE VEHICLE AND IT WAS TOWED TO THE GARAGE. THE BELT AND PUMP WERE REPLACED. THE FAILURE RECURRED AND THE DEALER REPLACED THE STEERING RACK ASSEMBLY AT THE COST OF THE THIRD TIME, THE CONTACT NOTICED SMOKE COMING FROM THE ENGINE COMPARTMENT. THE DEALER DIAGNOSED THE CAUSE OF THE FAILURE AS AN OIL LEAK. THEY REPLACED THE SEAL PUMP AND HOSES AT THE COST OF THE CURRENT MILEAGE WAS 41,286 AND FAILURE MILEAGE WAS 26,729. a k

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.

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

on three separate occasions the steering assembly has failed while the vehicle was in operation. I am 82 yrs old and I use this car of tin to visit my daughter who lives 300 miles away. I am afraid that this car is unsafe to use and may result in a serious accident. I would like to have the entire steering assembly replaced so I can continue to get my money's worth out of this low mileage car and feel safe while driving it. I have faithfully had this car serviced every 3000 miles and ATTACH ADDITIONAL SHEETS IF NECESSARY maintained as I intended trying to have a safe dependable car.

U.S. Department
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**National Highway
Traffic Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

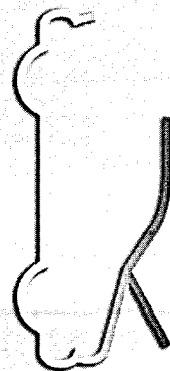
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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-210
400 7th Street, SW
Washington, DC 20590



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline

888-327-4236

nhtsa
www.nhtsa.dot.gov
people saving people

Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



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).