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

2008 JUN 5 AM 9:43

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
28-MAY-2008	Reference No. 10229104

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City: RANCHO MURIETTA	State: CA	Zip Code:	

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 7/2/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2G4WB55K4Y	BUICK	REGAL	2000

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
4/2000	BRALEY AND GRAHAM	916-481-2200	No: Cylinders	
Original Owner ☒	Dealer's City: SACREMENTO	State: CA Zip Code: 95825	6	Reg.

Transmission Type		Powertrain	Vehicle Component Code
automatic	☒ Antilock Brakes ☒ Cruise Control		180000 VEHICLE SPEED CONTROL Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
25-APR-2008 4 May 2008	70000	0

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: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location: 15879 Bessemer Dr, Rancho
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 VEHICLE LUNGED FORWARD APPROXIMATELY 25 FEET WHILE THE BRAKE PEDAL WAS DEPRESSED. ON TWO OTHER OCCASIONS, THE VEHICLE LUNGED BACKWARDS WHILE THE BRAKE PEDAL WAS DEPRESSED. THE VEHICLE WAS TAKEN TO A DEALER, BUT THEY COULD NOT DUPLICATE THE FAILURE. THE CURRENT MILEAGE WAS 71,000 AND FAILURE MILEAGE WAS 70,000.

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