



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

28-JUL-2008

Repository ☐

Reference No.  
10235971

**OWNER INFORMATION (Type or Print)**

Name

Address

City

KALAMAZOO

State MI

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 7/28/08

**VEHICLE INFORMATION**

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

1G4CW52K2S

Make

BUICK

Model

PARK AVENUE

Model Year

1995

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

060000 ENGINE AND ENGINE COOLING

Multiple Failure:

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

Incident Date(s)  
24-JUL-2008

Failure Mileage  
178000

Failure Speed  
15

MOUNTS CAME LOOSE FROM FRAME WHILE MOTOR  
ONLY HELD BY FRONT MOUNTS HIT THE PAVEMENT!

**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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

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 1995 BUICK PARK AVENUE. WHILE DRIVING BETWEEN 15-20 MPH, THE MOTOR MOUNT FAILED AND THE ENGINE FELL FROM THE VEHICLE WITHOUT WARNING. THERE WAS NO STEERING ABILITY AFTER THIS OCCURRED. A MECHANIC STATED THAT THE REAR MOTOR MOUNT WAS LOOSE. THE FAILURE MILEAGE WAS 178,000.

BOOM! My Motor NOT HELD BY ANYTHING BUT FRONT MOTOR MOUNTS!  
SOUNDED LIKE A BOMB - PEOPLE CAME RUNNING FROM A NEARBY BUSINESS  
TO SEE WHAT HAPPENED.  
OWNERS SHOULD BE WARNED - NO REPAIR - CAR TOTALED! SCRAP!

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)**

HAD I BEEN ON I-94 AS PLANNED - IT WOULD HAVE SEEMED THE MOTOR FELL DUE TO THE ACCIDENT - AND WOULD NOT BE KNOWN TO BE THE CAUSE! I WOULD NOT BE HERE TO TELL AND WHO KNOWS HOW MANY OTHERS WOULD HAVE BEEN INVOLVED AS MY CAR WENT END OVER END!

MY CAR WAS BEAUTIFUL! VERY LITTLE RUST SHOWED! THE WHOLE UNDERNEATH WAS SO RUSTED YOU COULD CRUMBLE IT WITH YOUR FINGERS! I HAD ONLY OWNED IT A SHORT TIME ABOUT 1 yr. AND HAD NO IDEA! IT WAS THAT BAD! DID NOT "LOOK" THAT BAD.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL

PERMIT NO. 1888

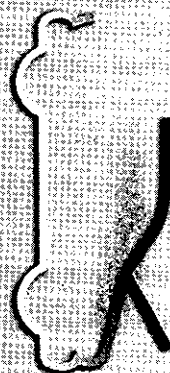
WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Ave SE  
Washington, DC 20077-9382**



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



**If so:  
Use the enclosed  
form to file a report.**

**or visit:**

**[www.safercar.gov](http://www.safercar.gov)**

**or call:**

**Vehicle Safety Hotline**

**888-327-4236**



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