



U.S. Department
of Transportation

2008 JAN 14 PM 1:43
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

14-NOV-2008

Repository ☐

Reference No.
10248831

OWNER INFORMATION (Type or Print)

Name

Address

City

ORLANDO

State

FL

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

2G4WB52K4W

Make

BUICK

Model

REGAL

Model Year

1998

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

Multiple Failure:

Incident Date(s)

14-NOV-2004

☒ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 010000 STEERING, 110000 ELECTRICAL SYSTEM

Alarm System

Failure Mileage

Failure Speed

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

0

Number of Deaths

0

Reported to Police

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 1998 BUICK REGAL. THE CONTACT RECEIVED A RECALL NOTICE FOR NHTSA CAMPAIGN ID NUMBER 03V527000 (STEERING: RACK AND PINION). SHE IMMEDIATELY TOOK THE VEHICLE TO THE DEALER FOR REPAIR. SEVERAL WEEKS LATER, SHE NOTICED THAT THE VEHICLE WOULD SPONTANEOUSLY DRIFT TO THE LEFT. IN ADDITION, THE VEHICLE WOULD SPORADICALLY STALL WHILE DRIVING VARIOUS SPEEDS. THE DEALER STATED THAT SHE NEEDED TO PURCHASE A NEW VEHICLE. THE CURRENT MILEAGE WAS 180,000 AND THE FAILURE MILEAGE WAS UNKNOWN.

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.