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
SEP 27 2011 15-AUG-2011	☐
Reference No. 10419553	

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City CINCINNATTI **State** OH **Zip Code** [redacted]		

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2G4WF5215X1[redacted]	BUICK	REGAL	1999

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 ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 12-AUG-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 010000 STEERING	Failure Mileage 150000	Failure Speed 25

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:
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			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 1999 BUICK REGAL. WHILE DRIVING 25 MPH, THE CONTACT WAS UNABLE TO TURN THE STEERING WHEEL TO THE RIGHT. THE DEALER WAS NOT NOTIFIED. THE MANUFACTURER WAS AWARE OF THE FAILURE. THE VEHICLE WAS TAKEN TO A PRIVATE MECHANIC WHO INFORMED THE CONTACT OF NHTSA CAMPAIGN ID NUMBER: STEERING (STEERING); HOWEVER, THE CONTACTS VEHICLE WAS NOT INCLUDED. NO REPAIRS WERE PERFORMED. THE CURRENT AND FAILURE MILEAGE WAS 150,000.

Attached.

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

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

I AM WRITING TO HAVE MY ATTACHED INVOICE 7994 IN AMOUNT OF $898.23 TO BE PAID BY BUICK. MY BUICK WAS BUILT IN 1998. MY POWER STEERING WENT OUT AND I PAID $898.23 ON 08-16-2011 TO HAVE THE STEERING FIXED. THERE IS A 1998 BUICK RECALL TO PAY FOR POWER STEERING PROBLEMS. TO DATE, BUICK HAS NOT REIMBURSED ME FOR THE ATTACHED INVOICE AND I EXPECT PROMPT PAYMENT FROM BUICK

[redacted], 09-09-2011

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 Avenue SE.
Washington, D.C. 20077-9382

August 17, 2011

Buick Customer Relations Department
PO Box 33136
Detroit, MI 48232-5136

Re:

1999 Buick Regal – 2G4WF5215X1[redacted]
ODI Number – 10419553

Dear Buick Relations and ODI,

I am writing to have my attached Invoice 7994 in amount of $898.23 to be paid to me by Buick.

My above vehicle was built by Buick in 1998. My power steering went out and I paid $898.23 on 08/16/2011 to have the steering fixed.

There is a 1988 Buick Regal recall to pay for power steering problems.

To date, Buick has not reimbursed me for the attached invoice and I expect prompt payment.

Respectfully Submitted,

[redacted]

[redacted]
Cincinnati, OH [redacted]

cc: ODI # 10419553
NHTSA
1200 New Jersey Ave., SE
West Building
Washington, DC 20590

AUTO PROS

791 US 50
MILFORD, OH 451500000
Shop Phone: (513) 831-1015
Fax: (513) 831-1123
Email: WWW.AUTOPROS@FUSE.NET

Invoice

7994

Estimate Ref #0
Date Printed: 08/16/2011
Printed Time: 5:07 pm

Hat/Ref: [redacted]

AUTO PROS GOAL IS FOR 100% CUSTOMER SATISFACTION

Time Promised:

1998 BUICK REGAL GS V6 3.8L 231CID FI GAS S 1
VIN:
License: [redacted]
Unit #:
DOM:

Mileage In: 0
Mileage Out: 0

Date Written: 8/16/2011 12:00:00AM
Written By:
Save Old Parts: No

Home: [redacted] Work: [redacted]
Cell:

Job Name	Description	Technican	Qty	List	Extended
Alignment, Two Wheel	**Two Wheel Alignment**				
Labor Rate 1	Work Requested - Alignment, Two Wheel				49.95
				Job Total:	*49.95*
Job #2	**steering**				
Part misc	steering gear assembly		1.00	363.46	363.46
Labor Rate 1	Work Requested - steering				420.00
	Work Preformed - install steering gear assembly			*Job Total:*	*783.46*

ALL PARTS AND SERVICES ARE WARRANTEED FOR A PERIOD OF 12 MONTHS OR 12,000 MILES . PARTS THAT HAVE A LIFETIME WARRANTY ARE (DISC BRAKE PADS AND SHOES, SHOCKS AND STRUTS, MUFFLERS, COIL SPRINGS,LIFETIMEWARRANTY COVERS THE PARTS LABOR IS WARRANTEED FOR 12 MONTHS OR 12,000 MILES

THIS RECEIPT ENTITLES HOLDER TO SERVICES PRINTED ON INVOICE. CALL 513-831-1015 AND FOR CHRIS TO SCHEDULE SERVICES

Payment Date	Type	Method	Amount
8/16/2011	Check		898.23
		Payment Totals:	**$898.23**

Parts:	$363.46
Labor:	$469.95
Sublet:	$0.00
Misc:	$0.00
Hazmat:	$0.00
Supplies:	$10.00
Tax:	$54.82
Invoice Total:	**$898.23**
Less Paid:	898.23
Balance Due:	**$0.00**

IF YOU ARE NOT COMPLETLEY SATISFIED WITH OUR SERVICES PLEASE LET US KNOW

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

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NVS-216rr

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failures(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ

NHTSA
www.nhtsa.gov