

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148

Date Received

MAR 23 2012

14-FEB-2012

Repository ☐

Reference No.

10447927

OWNER INFORMATION (Type or Print)

Name

Address

City

OSAGE

State

MN

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

1G4C5211V4

Make

BUICK

Model

PARK AVENUE

Model Year

1997

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☒ Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

13-FEB-2012

4 speed auto

☒ Cruise Control

Front wheel

fuel tank leak

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE

Failure Mileage

155000

Failure Speed

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: DOTM9ABC036)

☐ 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

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 1997 BUICK PARK AVENUE. THE CONTACT STATED BEFORE ENTERING HIS VEHICLE HE NOTICED THERE WAS A PUDDLE UNDERNEATH HIS VEHICLE. AFTER INSPECTING THE SPILL HE NOTICED THAT IT WAS COMING FROM THE FUEL TANK. THE VEHICLE WAS NOT INSPECTED BY A DEALER NOR HAD IT BEEN REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE AND CURRENT MILEAGE WAS APPROXIMATELY 155,000. THE VIN WAS UNAVAILABLE.

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 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.