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
JUN 14 2013 06-MAY-2013	☐
	Reference No. 10510816

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number SAME	
City OLDSMAR **State** FL **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
2G4WS52J1Y1[redacted]	BUICK	CENTURY	2000

Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Aug-2012	TOM HAWKIN AUTO TECHNICIAN 727-789-3579		V6	
Original Owner 3 ☐	Dealer's City PALM HARBOR FL	State FL / Zip Code 34683		

Transmission Type			Multiple Failure:	Incident Date(s)
Auto	☑ Antilock Brakes ☐ Cruise Control	Powertrain		01-MAY-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 100000 POWER TRAIN	Failure Mileage	Failure Speed
	75000	

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	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 CENTURY. THE CONTACT STATED THAT THE VEHICLE WOULD SHIFT HARD BETWEEN FIRST AND SECOND GEARS. THE CONTACT TURNED POWERED OFF AND RESTARTED THE VEHICLE IN ORDER TO RESOLVE THE PROBLEM MOMENTARILY. THE VEHICLE WAS TAKEN TO A PRIVATE MECHANIC, WHO STATED THAT THE TRANSMISSION WAS DEFECTIVE. THE TRANSMISSION WAS REBUILT TO RESOLVE THE FAILURE. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE, BUT NO ASSISTANCE WAS PROVIDED. THE FAILURE AND CURRENT MILEAGE WAS 75,000.

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

Dunedin Transmission, Inc.
778 Main St.
Dunedin, FL 34698
727-734-4011

MATERIAL: ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED

QTY.	PART NO.	NAME OF PART	PRICE		WARRANTY Y/N
1		Overhaul Kit	358.—		
1		Torque Converter	219.90	R	
1		Pressure Solenoid	64.30		
1		4TH Clutch Hub	52.90		
1		Filter	25.90		
11		Fluid - Trans	44.00		
		TOTAL PARTS	890.00		

MECHANICS RECOMMENDATIONS

Estimated cost $_____ Estimate Charge _____ Basis for Charge _____

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED $100. ($50 in MD)

___ I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.

___ I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED $_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

___ I DO NOT REQUEST A WRITTEN ESTIMATE.

*Checked lines apply (Preparer must check at least one):
___ This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.
___ This amount includes a charge of $ _____, which is required under _____ law.

NAME [redacted] PHONE [redacted]
ADDRESS [redacted]
CITY, STATE, ZIP Oldsmar FL
2ND AUTHORIZED NAME PHONE

CUSTOMER'S INFORMATION

RECEIVED (DATE & TIME) 4-29-13 A.M. P.M. (P.M.)
CUSTOMER'S ORDER NO.
PROMISED (DATE & TIME) A.M. P.M.
YEAR • MAKE • MODEL 2000 Buick Century
SERIAL #/VIN
MOTOR #
LICENSE NO. [redacted]
ODOMETER 76919
WRITTEN BY

☐ LUBE ☐ OIL CHANGE ☐ FLUSH TRANS. ☐ FLUSH DIFF. ☐ WASH ☐ POLISH

CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL* 10.00

Remove, Replace and Overhaul Transmission

VS CHASE 1200.00
VS 736.70

METHOD OF PAYMENT:
☐ CHECK ☐ CHARGE ☐ CASH

LABOR
☐ FLAT RATE ☐ HOURLY ☐ BOTH

☐ RETAIN PARTS
☐ DESTROY PARTS

Daily Storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification.

GUARANTEED ITEM(S) Listed AT Dunedin Trans
GUARANTEE EFFECTIVE UNTIL:
TIME 1 yr or
MILEAGE 12,000 mi

AUTHORIZED BY [redacted]

LABOR ONLY	1120.00
PARTS	1700.00
ACCESSORIES	
GAS, OIL & GREASE	
MISC. MERCHANDISE	
SUBLET REPAIRS	
STORAGE FEE	
TAX	126.70
TOTAL ▶	1936.70

You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following: _____ I do not desire the return of any of the parts that are replaced during the authorized repairs.

Estimate good for 30 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate my vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto. If I cancel repairs prior to their completion for any reason, a tear-down and reassembly fee of $ _____ will be applied.

X SIGNED [redacted]
X DATE 4-29-13

adams GT3870 09-11