

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

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

Def Auto Safety Hotline

FOR AGENCY USE ONLY 100148



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

Date Received
SEP - 4 2013
 10-JUL-2013

Repository
 Reference No.
 10524119

OWNER INFORMATION (Type or Print)

Name [REDACTED]
 Address [REDACTED]
 City MILWAUKEE State WI Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
 Evening Telephone Number
SAME AS ABOVE

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
 2G4WF5214V1 [REDACTED] Make BUICK Model REGAL Model Year 1997

Date Purchased **April 2011** Dealer's Name and Telephone Number
 Original Owner Dealer's City State Zip Code
 Engine: No: Cylinders Fuel Type:

Transmission Type **Automatic** Antilock Brakes Powertrain Multiple Failure: Incident Date(s)
 Cruise Control 28-JUN-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: ENGINE (PWS) 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: DOTM9ABC036) Original Equipment Failure Location:
 Prior Repair
 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 1997 BUICK REGAL. THE CONTACT STATED THAT WHILE DRIVING VARIOUS SPEEDS, THE ENGINE WARNING INDICATOR ILLUMINATED. THE ENGINE BEGAN TO OVERHEAT AND EMITTED SMOKE. IN ADDITION, THE ENGINE PLUGS IGNITED. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC, WHO WAS UNABLE TO LOCATE THE PROBLEM. THERE WERE TWO RECALLS UNDER NHTSA CAMPAIGN ID NUMBERS 09V116000 (ENGINE AND ENGINE COOLING) AND 08V118000 (ENGINE AND ENGINE COOLING) HOWEVER, THE CONTACT'S VIN WAS NOT INCLUDED. THE MANUFACTURER WAS NOTIFIED OF THE DEFECT. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS UNAVAILABLE. **Head gaskets & Coil failure**

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.