

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

DOT 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 21-JUL-2014	Repository <input type="checkbox"/> Reference No. 10614970
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OWNER INFORMATION (Type or Print)

Name	[REDACTED]			Daytime Telephone Number	E-mail Address
Address	[REDACTED]			[REDACTED]	NOEMAIL@UNK.GOV
City	MACON	State	GA	Zip Code	[REDACTED]
				Evening Telephone Number	[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 2G4WF5210V1 [REDACTED]	Make BUICK	Model REGAL	Model Year 1997
Date Purchased 11-23-2002	Dealer's Name and Telephone Number Butler Toyota		Engine: No: Cylinders 6
Original Owner <input type="checkbox"/>	Dealer's City Macon	State GA	Zip Code 31206
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain Super charge	Multiple Failure: Traction light, Brakes lock, Tires lock (front)
			Fuel Type: unleaded
			Incident Date(s) 16-JUL-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: BRAKES (PWS)	Failure Mileage 140000	Failure Speed 25
Anti-brakes light came on the car stop & wouldn't move		

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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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 25 MPH, THE VEHICLE SEIZED. THE CONTACT MENTIONED THAT THE FRONT DRIVER AND PASSENGER WHEELS LOCKED. ALSO, THE ANTI TRACTION, AND THE ABS LIGHT ILLUMINATED ON THE INSTRUMENT PANEL. THE FAILURE RECURRED SEVERAL TIMES. THE MANUFACTURER WAS NOT CONTACTED. THE VEHICLE WAS NOT REPAIRED OR DIAGNOSED. THE FAILURE AND CURRENT MILEAGE WAS 140,000.

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.