

INFORMATION Redacted PURSUANT TO THE FREEDOM OF



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)
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
16-MAR-2016
APR 28 2016
Repository ☐
Reference No.
10850080

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City COLTON State CA Zip Code [REDACTED]
Daytime Telephone Number [REDACTED]
Evening Telephone Number [REDACTED]
E-mail Address [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
1G4GD2210W4 [REDACTED]
Make BUICK Model RIVIERA Model Year 1998
Date Purchased 1998 Dealer's Name and Telephone Number PAUL REED BUICK - GMC
Engine: No: Cylinders 6 Fuel Type: PREM
Original Owner ☒ Dealer's City SAN BERNARDINO State CA Zip Code [REDACTED]
Transmission Type Auto ☒ Antilock Brakes ☒ Cruise Control Powertrain Multiple Failure: Incident Date(s) 10-FEB-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: ENGINE (PWS) Failure Mileage 56513 Failure Speed [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC036) ☐ Original Equipment ☐ Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 [REDACTED] Number of Deaths [REDACTED] 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 1998 BUICK RIVIERA. WHILE ENTERING THE VEHICLE, THE CONTACT NOTICED ENGINE OIL ON THE GROUND UNDER THE VEHICLE. THE VEHICLE WAS TAKEN TO THE DEALER WHERE IT WAS DIAGNOSED THAT THE VALVE COVER GASKET FAILED AND NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE VIN WAS NOT INCLUDED IN NHTSA CAMPAIGN NUMBER: 15V701000 (ENGINE AND ENGINE COOLING). THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 56,513.

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.

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

AS THE ENGINE IN MY 1998 BUICK RIVIERA IS THE EXACT ENGINE IN THE NHTSA ACTION #EA07008 RECALL, IT SHOULD BE INCLUDED AS SUCH. THE FRONT VALVE COVER GASKET IN MY VEHICLE DID IN FACT FAIL, AS DESCRIBED IN THE ABOVEMENTIONED REPORT, AND I HAD IT FIXED, INVOICE ENCLOSED. I CONTACTED GENERAL MOTORS BUICK DIVISION (CASE # [REDACTED]) AND WAS TOLD THERE WAS NOTHING THEY COULD DO, AS MY VEHICLE WAS NOT LISTED IN THE NHTSA REPORT. THIS LEAK HAD BEEN GOING ON FOR AWHILE; I WASN'T AWARE OF IT UNTIL SOME DROPS WERE FOUND ON THE FLOOR OF THE GARAGE.

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

SAN BERNARDINO
CA 924
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US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



**Think your vehicle
has a safety defect?**



**If so:
Use the enclosed
form to file a report.**

or visit:

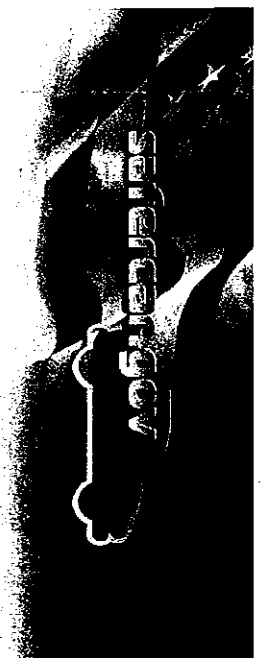
www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration





ESTABLISHED 1913

(909) 793-3238

301 E. Redlands Blvd. • Redlands, CA 92373
B.A.R. # AL156890 E.P.A. # CAL000004773

COLTON

CA

CUSTOMER COPY PAGE 1

DATE	YEAR	MAKE	MODEL	VIN	STK/CUS	MILES IN	MILES OUT	TAG
02/10/16	98	BUICK	RIVIERA	1G4GD2210W4		56513	56513	
SERVICE DATE	NOTIFIED	SVC ADV	PROMISED DATE/TIME	LICENSE	RATE	PAYMENT	INV. DATE	
	02/15/16	15	00:00		118.00	01	02/15/16	
R.O. NUMBER	TAX ID	HOME PHONE	BUSINESS PHONE					
			000-000-0000					1

===== REPAIR LINE 001 =====
CUSTOMER STATES VEHICLE IS LEAKING OIL POSSIBLY FROM VALVE COVERS
CHECK AND VERIFIED LEAKING FRONT VALVE COVER GASKET
REPLACED LEAKING GASKET AND NOW OKAY.

Bill Code - C

RR	REMOVE & REPLACE	42 M D	177.00
42			

Total Labor 177.00

GM 25534749 GROMMET 6 11.16

GM 24503937 GASKET 1 24.09

Total Parts 35.25

Total Line 212.25

===== REPAIR LINE 002 =====
CARBS TIRE INFLATION REGULATION

PER CUSTOMER REQUEST INSPECT AND INFLATE EACH TIRE ON VEHICLE TO MANUFACTURES
RECOMMENDED TIRE PRESSURE RATING

TIRE PRESSURE CHECK AND INFLATE SERVICE TIRES INFLATED TO (PSI)

LEFT FRONT: 32 RIGHT FRONT: 32 LEFT REAR: 32 RIGHT REAR: 32

Bill Code - C

Payment Type - 01 CASH/CHECK 215.07

800-521-7300

*Courtesy, Respect
and
Value Since 1913*

ORIGINAL ESTIMATE	REVISED ESTIMATE	LABOR AMOUNT	177.00
		PARTS AMOUNT	35.25
		MISC. SALES	
		MATERIALS	
		TOTAL CHARGE	212.25
		DEDUCTIBLE	
		SALES TAX	2.82
		OTHER PAY	
		CUSTOMER PAY	215.07

X _____
CUSTOMER SIGNATURE
I acknowledge notice and oral approval of any increase in the original estimated price.
NOTICE TO CONSUMER
PLEASE READ IMPORTANT INFORMATION ON BACK.
CUSTOMER SIGNATURE