

INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

 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 21-APR-2016	Repository ☐ Reference No. 10860656
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
BETHLEHEM	PA				
<i>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).</i>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model	Model Year	
2G4WB52K1Y1		BUICK	REGAL	2000	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
			No: Cylinders		
Original Owner	Dealer's City	State	Zip Code		
Transmission Type	☐ Antilock Brakes	Powertrain:	Multiple Failure:	Incident Date(s)	
	☐ Cruise Control			21-APR-2016	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: ENGINE (PWS)			Failure Mileage	Failure Speed	
			72000		
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: DOTM19ABC036)	☐ 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					
<i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>					
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 2000 BUICK REGAL. THE CONTACT STATED THAT THE VEHICLE WAS REPAIRED UNDER NHTSA CAMPAIGN NUMBER: 15V701000 (ENGINE AND ENGINE COOLING); HOWEVER, THE FAILURE RECURRED FROM THE VALVE COVER GASKET ON THE REAR END OF THE VEHICLE. THE VEHICLE EMITTED BURNING OIL FROM THE REAR OF THE VEHICLE. THE CONTACT TOOK THE VEHICLE TO A CERTIFIED MECHANIC WHO STATED THAT THE VEHICLE NEEDED TO BE REPAIRED UNDER THE RECALL AGAIN. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 72,000.					
*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.					



Number One Service Center

INVOICE

1637 Tilghman St
Allentown, PA 18102
(610)432-7044
(610)432-2891 fax

DATE	INVOICE #
4/28/2016	

BILL TO
BETHLEHEM PA

VEHICLE MAKE/MODEL		PLATE #	ODOMETER	VIN
2000 BUICK REGAL			72095	2G4WB52K1Y1
PARTS	QTY	DESCRIPTION		AMOUNT
LABOR	2.1	Check car for oil smell and burning, found rear valve cover gasket leaking, r/r all accessorie		178.50T
PARTS	1	and replace one new valve cover gasket. vs 25007 gasket 114 102		29.95T

Thank you for your business.

I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection, or delivery at my risk. An express mechanics lien is acknowledged on above vehicle to secure the amount of repairs thereto. It is also understood that you will not be held responsible for loss or damage to cars or items left in cars in case of fire, theft or any other cause beyond your control.

Signature _____

SUBTOTAL	\$208.45
SALES TAX (6.0%)	\$12.51
TOTAL	\$220.96
PAYMENTS/CREDITS	\$0.00
BALANCE DUE	\$220.96



LEHIGH VALLEY PA 180

26 MAY 2015 PM 3 L



U.S. DEPARTMENT OF TRANSPORTATION
OFFICE OF DEFECT INVESTIGATION
1200 NEW JERSEY AVE. SE
WASHINGTON DC 20077-9382

20077-9382

