

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>				<p>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</p>				<p>FOR AGENCY USE ONLY 100148</p>	
<p>OWNER INFORMATION (Type or Print)</p>				<p>Date Received 12-SEP-2016 NOV 29 2016</p>		<p>Repository <input type="checkbox"/> Reference No. 10905903</p>			
<p>Name [REDACTED] Address [REDACTED] City SARDIS State MS Zip Code [REDACTED]</p>				<p>Daytime Telephone Number [REDACTED] Evening Telephone Number [REDACTED]</p>		<p>E-mail Address [REDACTED]</p>			
<p><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></p>									
<p>VEHICLE INFORMATION</p>									
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side</p>				<p>Make BUICK</p>		<p>Model REGAL</p>	<p>Model Year 2003</p>		
<p>Date Purchased</p>		<p>Dealer's Name and Telephone Number SAVE ALOT USED CARS 662-987-1782</p>			<p>Engine: No: Cylinders</p>		<p>Fuel Type:</p>		
<p>Original Owner <input type="checkbox"/></p>		<p>Dealer's City SARDIS PANOLA COUNTY</p>		<p>State MA</p>	<p>Zip Code 38666</p>				
<p>Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control</p>		<p>Powertrain</p>		<p>Multiple Failure:</p>		<p>Incident Date(s) 16-JUL-2016</p>			
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>									
<p>Vehicle Component Codes: 140000 AIR BAGS, 140000 AIR BAGS, 030000 BRAKES (PWS)</p>						<p>Failure Mileage</p>	<p>Failure Speed 5</p>		
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>									
<p>Tire Make</p>		<p>Tire Model (Name or Number)</p>			<p>Tire Size (Example P215/65R15)</p>				
<p>DOT No. (Example: DOTM1A9ABC036)</p>		<p><input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair</p>		<p>Failure Location:</p>					
<p>Tire Component Code</p>					<p>Tire Failure Type:</p>				
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>									
<p>Make:</p>			<p>Date Manufactured:</p>		<p>Model No./Name:</p>				
<p>Seat Type:</p>			<p>Installation System:</p>						
<p>Child Seat Component Code:</p>			<p>Failed Part:</p>						
<p>APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i></p>									
<p>Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Number of Persons Injured 1</p>	<p>Number of Deaths 0</p>	<p>Reported to Police Y</p>			
<p>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).</p>									
<p>TL* THE CONTACT OWNED A 2003 BUICK REGAL. WHILE DRIVING 5 MPH, THE BRAKES MALFUNCTIONED AND ANOTHER VEHICLE STRUCK THE PASSENGER SIDE OF THE CONTACT'S VEHICLE. THE AIR BAGS DID NOT DEPLOY. A POLICE REPORT WAS FILED. THE CONTACT SUSTAINED INJURIES TO THE BACK, THE ENTIRE RIGHT SIDE OF THE BODY, THE FOOT, AND THE NECK. MEDICAL ATTENTION WAS REQUIRED. THE VEHICLE WAS TOWED TO A DEALER. THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS NOT MADE AWARE OF THE ISSUE. THE FAILURE MILEAGE AND VIN WERE UNKNOWN. UPDATED 11/29/16*LJ</p>									
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>				<p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>					
<p>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.</p>									

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

I don't know all of the information
Call Merit Health Hospital, Dr. Jennie Cummings
and Dr. Kaddie Berdion

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



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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

NHTSA
www.nhtsa.gov

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

safercar.gov