

POSTED



US Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
TO REPORT VEHICLE SAFETY DEFECT
1-888-DASH-2-DOT
1-888-327-4236
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY
Date Received: 00 MAR 20 AM 10:15
Office: DEFECTS INVESTIGATION
Reference No.: 551446

OWNER INFORMATION (Type or Print)

Name
Street
City

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date: 3/2/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (17 Digits) 1G4CW52KXW4633772	(Located at bottom of windshield on driver's side)	Vehicle Make BUICK	Vehicle Model PARK AVE	Vehicle Year 1998	Current Odometer Reading 13332	
Purchased Date	Dealer's Name GVA BUICK	Engine Size (CID/CC/L) 6	No. Cylinders 6		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's City SHAKER HTS	State OHIO	Zip Code 44121			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Sport Util. <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component SEAT BELT	Part Name(s) SEAT BELT	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No. of Failures OVER 30	Date(s) of Failure(s) LAST 2 YEARS	Mileage at Failure(s) SINCE I HAVE THE CAR	Vehicle Speed at Failure(s):
Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Persons Injured	Number of Fatalities	Estimated Property Damage \$ _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	------------------------	----------------------	---------------------------------------	---

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters).
Note: This information not required for normal operation tires.

DOT	Manufacturer	Tire Name	Complete Tire Size
-----	--------------	-----------	--------------------

U.S. DOT safety standard code
The number may be on the inner side of the tire and have up to 11 letters and numbers. Usually located near rim flange on side opposite whitewall or on either side of blackwall tire.

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 maybe 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)

I have taken this car in for repairs on five separate occasions. The two front seat belts were replaced but the left on the driver side doesn't release when I try to put them on. I've taken the car in to the Florida dealer twice & has not helped. I called Buick Customer Relations & get no satisfaction. I believe the dealer can not deal with the seat belt problem. Thank you

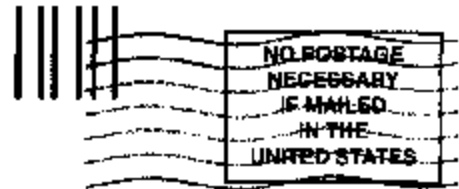
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NAT'L HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation National Highway Traffic Safety Administration DOT Auto Safety Hotline, NSA-10.1 400 7th Street, SW Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation National Highway Traffic Safety Administration http://www.nhtsa.dot.gov/hotline