

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

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

Date Received

RECEIVED
 AUG 17 PM 2:00

QC'd
 od. n
 up_itr

Reference No.

553827

OWNER INFORMATION (Type or Print)

Name
 S
 C

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 _____ Date 8/14/00

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) 2 5 4 N 0 5 4 T S P 1 A 4 4 8 9 A		Make Buick	Model Regal	Year 1993
Purchased Date 1/94	Dealer's Name Kaysers Ford		Engine Size (CID/OCL) 4.0	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's City Madison	State NI	Zip Code 53116	No. Cylinders 6
Manufacture Date (on driver's door or pillar) 02/93	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
		Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up truck <input type="checkbox"/> Other	

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) Brake System	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------	---	---	--

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s):	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	----------------------	--

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

Continuously problems with ABS instead on 4 wheel disc brakes, rotors have
 been completely replaced 3 times.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882