

POSTED

COPIED
OFFICE OF DEFECTS INVESTIGATION
Reference No. 559183

Form Approved O.M.B. No. 2127-0008



U.S. 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

JAN 25 2001

Order No. _____
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OFFICE OF DEFECTS INVESTIGATION

Reference No.

559183

Daytime Telephone Number

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Street: [Redacted]
City: [Redacted]

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 01/19/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (17 Digits) 1G4CW5319M1614829	(Located at bottom of windshield on driver's side)	Vehicle Make BUICK	Vehicle Model PARK AVE	Vehicle Year 1991	Current Odometer Reading 103952
Purchased Date 10-19-94	Dealer's Name CENTURY BUICK	Engine Size (CID/CC/L) 3000	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	No. Cylinders 6	<input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's City BAPTIST KALAMAZOO	State MI	Zip Code 49004	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"/> Driver-side Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> Passenger-side Airbag <input checked="" type="checkbox"/> 2-Point Belt <input 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"/> Van <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"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component AUTO TRANSMISSION	Part Name(s) AUTOMATIC TRANSMISSION MOTOR NEW	Location <input type="checkbox"/> Left <input checked="" 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 2 TRANSMISSION	Date(s) of Failure(s) 10-20-97 AND 11-14-00	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mileage at Failure(s) 73350 AND 99990	Vehicle Speed at Failure(s): 25 MPH 60 MPH		

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

AT 73250 MILES TRANSMISSION LOCKED UP AT 25 MPH. REPLACED AT A COST OF \$1925.00. AT 99990 MILES IT STOP WORKING, ANOTHER TRANSMISSION INSTALLED. NO CHARGE NEW COOLANT LINES, THEN ON 12-31-00 LOST OIL PRESSURE, HAD TO HAVE ANOTHER MOTOR.

IF FIRST TRANSMISSION HAD LOCKED UP ON THE INTERSTATE AN HOUR EARLIER THE CAR COULD HAVE BEEN REAR ENDED AND TOTALED OUT WITH POSSIBLE GREAT INJURY.

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. 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

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DASH2DOT

and dial toll free at

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1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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