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U.S. Department of Transportation
National Highway Traffic Safety Administration

AUTO SAFETY HOTLINE
VEHICLE OWNER'S QUESTIONNAIRE

NATIONWIDE 1-800-424-9393
DC METRO AREA 202-386-0123

FOR AGENCY USE ONLY

DATE RECEIVED	01 AUG -7 AM	od. or _____ ft. dt _____ bd. ft _____ up. ltr _____
OFFICE DEFECTS INVESTIGATION		REFERENCE NO.
		562380
DAY TIME TELEPHONE		

OWNER INFORMATION (TYPE OR PRINT)

[Redacted Owner Information]

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 [Redacted] DATE 7-22-1

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NO. 2G4WF14L7P1436101	VEHICLE MAKE Buick	VEHICLE MODEL GS 2Dr	MODEL YEAR 93
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE			
CURRENT ODOMETER READING 85550	DATE PURCHASED 6/93	DEALER'S NAME, CITY & STATE Andy Sims Buick, Broadview, Hts OH	ENGINE SIZE (CID/CC/L) 302
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		NO. CYLINDERS 6	<input type="checkbox"/> TURBO <input type="checkbox"/> DIESEL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> FUEL INJECTN
TRANSMISSION TYPE <input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTOMATIC	ANTILOCK BRAKES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RESTRAINT SYSTEM 44147 <input type="checkbox"/> DRIVERSIDE AIRBAG <input type="checkbox"/> MOTORBELT <input type="checkbox"/> PASSENGERSIDE AIRBAG <input type="checkbox"/> 3-POINT BELT <input type="checkbox"/> 2-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	BODY STYLE STAWAG _____ HATCH BK _____ 4 DR _____ VAN _____ 2 DR <input checked="" type="checkbox"/> PK UP TRK _____ OTHER _____

FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)

COMPONENT Brakes	PART NAME(S) Rear Calipers Brake Pads	LOCATION <input checked="" type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR	FAILED PART(S) <input checked="" type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> REPLACEMENT
NO. OF FAILURES 4	DATE(S) OF FAILURE(S) 7-95, 5-98 10-98, 5-90	MANUFACTURER CONTACTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NHTSA PREVIOUSLY CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO I think so
	MILEAGE AT FAILURE(S) 40,000, 58,443, 61,200, 75,200		
	VEHICLE SPEED AT FAILURE(S)		

APPLICABLE ACCIDENT INFORMATION

ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FIRE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NUMBER PERSONS INJURED None	NUMBER OF FATALITIES None	PROPERTY DAMAGE ESTS None	POLICE REPORTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)

Too many failures (brake) system.
Thank God no accidents or injuries! After 4 major brake jobs I was told I need all rear brake parts replaced*

CONTINUE ON BACK IF NEEDED

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.

**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

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