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 DEFECTS
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

POSTED

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FOR AGENCY USE ONLY	
Date Received	Odi or ___ ___ n dt ___ ___ od t ___ ___ up_Ir ___ ___
TECHNICAL REVIEW DIVISION DEFECTS INVESTIGATION	Reference No. 564996

OWNER INFORMATION (Type or Print)

Name: [redacted]
Street: [redacted]
City: [redacted] State: [redacted] Zip: [redacted]

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

Signature of [redacted] Date 12/13/01

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) (Located at bottom of windshield or driver's side)	Make	Model	Year
2G4WB52K2Y1143543	BUICK	REGAL	2000

Purchased Date	Dealer's Name			Engine Size (CID/CC/L)	
6/18/2000 ☐ New ☐ Used	WORLD CAR			No. Cylinders 6	☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
	Dealer's City NEW BRAUNFELS.	State TX	Zip Code 78130		

Manufacture Date (on driver's door or pillar)	Transmission Type	Restraint System	Cruise Control	Drivetrain	Vehicle Type	Body Style
	☐ Manual ☒ Automatic	☐ Driverside Air Bag ☐ Motorbelt ☒ Passengerside Air Bag ☐ 2-Point Belt ☐ 3-Point Belt	☐ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
GLOVE BOX	☐ Left ☒ Right ☐ Front ☐ Rear	☒ Original ☐ Replacement	☐ Yes ☐ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name
Complete Tire Size	DOT No.

No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s)	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s):		

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☐ No	☐ Yes ☐ No			☒ Yes ☐ No

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

GLOVE BOX FELL OF HINGES, HITTING PASSENGER ON LEG. IT WAS VERY DISTRACTIVE TO DRIVER. REMARK DEALER, WAS BUICK SPECIALIST. ADVISED THEY HAVE TO REPLACE SOMEDAY.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 *This information is requested pursuant to a49 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