



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) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY §20

Date Received

11-DEC-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8000566

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

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Locate at bottom of windshield or door side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G4HP52K6VH427343	BUICK	LESABRE	1997	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01120000	Part Name(s) STEERING COLUMN	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 25-AUG-2001 Mileage at Failure(s) 70000 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

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

Crash ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured C	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

DURING NORMAL OPERATION OF VEHICLE WHILE TRAVELING AT ANY SPEED STEERING COLUMN ASSUMES A DIFFERENT CENTER POSITION APPROXIMATELY 90% OF THE TIME. DEALERSHIP EXAMINED VEHICLE AND DETERMINED THAT ONE OF THE STEERING MOUNTING BOLTS WAS LOOSE, AND ANOTHER MOUNTING BOLT WAS TWISTED OUT OF POSITION. DEALER REPLACED THE BOLT, AND CORRECTED THE PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION.*AK

COPIES OF REPORTS - FREE -

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 92D Date Received <u>FEB 15 PM</u> EFFECTIVE DATE <u>DEC-2001</u> Reference No. <u>8000568</u> Work Number _____ Home Number _____	
U.S. Department of Transportation National Highway Traffic Safety Administration			
OWNER INFORMATION (Type or Print) 729768			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized signature, please print your name and address to the vehicle manufacturer.			
Signature of Owner _____		YES ☒ NO ☐ Date <u>1/07/02</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1G4HP52K6VH427343</u>	Vehicle Make <u>BUICK</u>	Vehicle Model <u>LESABRE</u>	Vehicle Year <u>1997</u>
		Current Odometer Reading <u>80 K</u>	
Purchase Date _____ ☐ New ☒ Used	Dealer's Name <u>REAGAN</u> City <u>OMAHA</u> State <u>NE</u> Zip Code <u>68117</u>		Engine Size (CID/CC/L) <u>3.8 L</u> No. Cylinders <u>6</u> ☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection
Transmission Type ☐ Manual ☒ Automatic <u>VOID</u>	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☒ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
		Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☒ Car ☐ Sport Util ☐ 2-Door ☐ Van ☐ Truck ☐ 4-Door ☐ Minivan ☐ Motorcycle ☐ Stationwagon ☐ Other ☐ Pick Up ☐ Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>01120000</u>	Part Name(s) <u>STEERING COLUMN</u> <u>RACK & PINION</u>	Location ☐ Left ☐ Right ☒ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures <u>1</u>	Date(s) of Failure(s) <u>25-AUG-2001</u> Mileage at Failure(s) <u>70000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) ☒ Yes ☐ No	NHTSA Previously ☐ Yes ☒ No
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)			
Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>
		Estimated Property Damage <u>0</u>	Reported to Police ☐ Yes ☒ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
DURING NORMAL OPERATION OF VEHICLE WHILE TRAVELING AT ANY SPEED STEERING COLUMN ASSUMES A DIFFERENT CENTER POSITION APPROXIMATELY 90% OF THE TIME. + DEALERSHIP EXAMINED VEHICLE AND DETERMINED THAT ONE OF THE STEERING MOUNTING BOLTS WAS LOOSE, AND ANOTHER MOUNTING BOLT WAS TWISTED OUT OF POSITION. DEALER REPLACED THE BOLT, AND CORRECTED THE PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION. *AK			
CONTINUE ON BACK IF NEEDED			
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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURES (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

RACK & PINION MOUNTING BOLT COMPLETELY BROKEN
(TWISTED OFF) (FACTORY DEFECT).

ALLOWED RACK & PINION AND STEERING WHEEL CENTER
POSITION TO SHIFT LT. TO RT. & RT. TO LT.

DEALERS RESPONSE WAS UNACCEPTABLE.

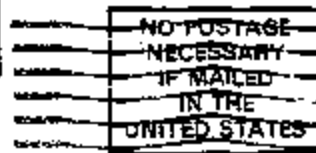
★ U.S. G.P.O.: 1992-625-807/62288

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 NATL HWY TRAFFIC SAFETY ADMIN

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590





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FOR AGENCY USE ONLY 254

Date Received

12-SEP-2000

Od_or _____
rt_dt _____
od_rt _____
rp_lr _____

Reference No.

8000566

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

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Locate at bottom of windshield or driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1C4GP54L1TBXXXXXX		CHRYSLER TRUC	TOWN AND COUN	1996	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L) 6 CYL	☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☒ Van ☐ Minivan ☐ Other
		☐ Motorbelt ☐ 2-Point Bel			☐ Sport Util ☐ Truck ☐ Motorcycle
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Dates of Failure(s) 01-OCT-2000	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s)		
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

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

Crash ☐ Yes ☐ No	Fire ☒ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILKE DRIVING THE VEHICLE STALLED AND THEN THE DRIVER NOTICED SMOKE AND FIRE COMING FROM UNDER THE HOOD, THE FIRE WAS EXTINGUISHED WITH ONLY DAMAGE TO THE WIRING, CLAIM # 15-3024-211. NLM

CONTINUE ON REVERSE

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NUMBER

8000566

CHANGED

TO

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