Form Approved: O.M.B. No. 2127-0042

U.S. Department of Transportation

National Highway Traffic Safety Administration

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 258

Date Received: **29-MAR-2000**

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No.: **720756**

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G4HR54KXYU133267	BUICK	LESABRE	2000	

Purchase Date: **01-AUG-1999**
☒ New ☐ Used

Dealer's Name_____
City_____ State_____ Zip Code_____

Engine Size (CID/CC/L 3.8 L
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☒ Fuel Injection

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 Belt	☒ 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	Par. Name(s)	Location	Failed Part(s)
05150021 11000000 08210000	ENGINE:GASKETS:VALVE COVER HEATER:DEFROSTER:DEFOGGER AND VENTILATION ELECTRICAL SYSTEM:ALTERNATOR:GENERATOR	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
1	26-NOV-1999 3131 25	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

AT THE FIRST FILLING OF GAS TANK, FUEL CAME OUT OF BAD GASKET AND SPILLED FUEL CAUSING WICKED BAD FUEL SMELL THROUGH OUT INTERIOR OF CAR. HEATER HAS NEVER OPERATED PROPERLY. THE ONLY WAY THAT YOU CAN BE COMFORTABLE IN COLD WEATHER IS TO OPERATE MANUALLY. THE ALTERNATOR HAS ALWAYS HAD A VERY NOTICEABLE AND ANNOYING HUM AT SLOW SPEEDS. THE ALTERNATOR HAS BEEN REPLACED TWICE, WITH NO IMPROVEMENTS IN THE NOISES. POWER ASSIST FAILED AND AS A RESULT I LOST ALL BRAKING AND A STRONG ODOR DEVELOPED INSIDE THE CAR. THIS IS OK NOW AND ALONG WITH THE GAS TANK IS THE ONLY THINGS THAT HAVE BEEN REPAIRED.

CONTINUED ON BACK PANEL