

U.S. Department
of TransportationNational Highway
Traffic Safety
AdministrationDOT 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

07-SEP-2000

Ocl_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

730556

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) <small>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2G4WB52K3W1434311	BUICK	REGAL	1998	

Purchase Date 01-NOV-1998	Dealer's Name _____	Engine Size (CID/CYL) 34 H.P.	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle	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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02700000	Par. Name(s) TIRES	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 1	Date(s) of Failure(s) 11-AUG-2000 Mileage at Failure(s) 16537 Vehicle Speed at Failure(s) 2	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I'VE BEEN COMPLAINING TO BUICK DEALER SINCE 10/99 ABOUT VIBRATION AND WOBBLING IN CAR AND STEERING WHEEL. BUT DEALER COULD NEVER FIND ANYTHING WRONG. IN AN EFFORT TO FIND PROBLEM, DEALER ROTATED TIRES (FOR THE THIRD TIME), AND TECHNICIAN FOUND "FUNNY SPOT" (LOOKED LIKE A SLIT) ON SIDEWALL OF TIRE. I WATCHED TIRE FOR A WEEK AND TIRE WAS SPLITTING MORE ON SIDEWALL SO I TOOK IT TO A FIRESTONE DEALER. FIRESTONE REPLACED TIRE FOR COST TO ME OF THE TREAD I HAD USED, PLUS WASTE FEE. (WANTED TO CHARGE ME FOR BALANCE, MOUNT, ETC. AND I REFUSED TO PAY IT.) FIRESTONE TECHNICIAN SAID, IN FACT, TIRE HAD COME APART AT THE "JOIN" AND THAT IS WHY SIDEWALL WAS SPLITTING TOO. UNFORTUNATELY, WE HAVE 16" WILDERNESS AT TIRES (MADE IN CANADA) ON OUR 2000 CHEVROLET PICK-UP. I CONTACTED

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