



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

25-SEP-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

732491

Work Number

Home Number 952 736 7597

OWNER INFORMATION (Type or Print)

STEVE BUCCELLI 643484
301 E. BURNSVILLE PKWY APT 123
BURNSVILLE MN 55337

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 Identification Number (VIN) _____

Year _____ Make _____ Model _____

Color _____

Engine _____

Transmission _____

Drive _____

Weight _____

Length _____

Width _____

Height _____

Wheelbase _____

Ground clearance _____

Seating capacity _____

Number of doors _____

Number of windows _____

Number of locks _____

Number of keys _____

Number of keys _____

Number of keys _____

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 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) (Listed at front of windshield or drivers side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G4GD2215S4706991	BUICK	RIVIERA	1995	

Purchase Date 01-JUN-2000	Dealer's Name _____	Engine Size (CID/CC/L) 3800	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12250000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	Location ☐ Left ☐ Right ☐ Frnt ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 19-SEP-2000 Mileage at Failure(s) 72736 Vehicle Speed at Failure(s) 2	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I PULLED NHTSA RECALL CAMPAIGN # 00V0057000 & CALLED DLR. THEY PULLED UP VIN. AND SAID THERE WASNO SAFETY RECALL ON MY VIN. I THEN CALLED EBONY DAVIS @ BUICK .SHE SAID NHTSA RECALL NOT CORRECT AND WAS NOT RELATED TO ANYTHING AT BUICK. PLEASE HELP I THINK THIS REPAIR IS SOMETHING BUICK SHOULD PAY FOR. TFCT WAS INVAIL H. *AK

CONTINUED ON BACK (SEE)

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.