



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 936**

Date Received

17-DEC-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

8000822

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)<br><small>(Location at bottom of<br/>and/or above windshield)</small> | Vehicle Make   | Vehicle Model  | Vehicle Year  | Current Odometer Reading  |   |   |
| 1G4HP54K711U25242  | BUICK  | LESABRE  | 2001  |   |   |   |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used         | Dealer's Name _____<br>City _____ State _____ Zip Code _____                   |  | Engine Size<br>(CID/CC/L) _____<br>No. Cylinders _____                        | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |   |   |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic     | Antilock Brakes<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                          | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

|                       |   |  |  |
|-----------------------|---|--|--|
| Component<br>02000000 | Part Name(s)<br>SUSPENSION  | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Dates of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA<br>Previously<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Polic<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|---|

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

**REAR PASSENGER'S WHEEL STARTED TO WOBBLE, AND LOST CONTROL OF VEHICLE. PLEASE  
PROVIDE ANY FURTHER INFORMATION. \*AK**

CONTINUE ON REVERSE

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.

|   |  |  |                              |
|---|--|--|------------------------------|
|  <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p> | <p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT<br/>1-888-327-4236<br/>www.nhtsa.dot.gov/hotline</p> | <p>FOR AGENCY USE ONLY 335</p>                                   |                              |
|   | <p>Date Received: FEB - 5 PM 1:37<br/>BY: [Signature] 2001</p>   | <p>Od. or rt. dt. _____<br/>od. rt. _____<br/>up. ltr. _____</p> | <p>Reference No. 8000822</p> |
| <p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 730582</p>   |  | <p>Work Number [Redacted]</p> <p>Home Number [Redacted]</p>      |                              |

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  Yes  No  
 In the absence of a signature, this report will be sent to the vehicle manufacturer.  
 Signature of Owner: [Redacted] Date: 12-28-01

|  |  |  |  |   |  |   |  |                          |   |
|--|--|--|--|---|--|---|--|--------------------------|---|
| <p>Vehicle Ident. No. (VIN) (Located at lower windshield on driver's side) 1G4HP54K711U25242</p>         |  |  |  |   |  | <p>Vehicle Make BUICK</p>   | <p>Vehicle Model LESABRE</p>   | <p>Vehicle Year 2001</p> | <p>Current Odometer Reading 2,236 Dec 31 01</p> |
| <p>Purchase Date 5-1-01</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p> | <p>Dealer's Name Sterling Buick College Station TX Zip Code 77845</p>                      |  |  | <p>Engine Size (CID/CC/L) _____</p> <p>No. Cylinders 6</p>                                | <p><input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p> |   |  |                          |   |
| <p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>   | <p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag</p> |  | <p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>             | <p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other</p> | <p>Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p> |                          |   |

|  |  |   |   |
|--|--|---|---|
| <p>FAILED COMPONENT(S)/PART(S) INFORMATION</p> |  |   |   |
| <p>Component 02000000</p>                      | <p>Part Name(s) SUSPENSION</p> <p>Fell off while traveling<br/>Rock panel below 2 doors R. side</p>                            | <p>Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear</p> | <p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p> |
| <p>No. of Failures one</p>                     | <p>Date(s) of Failure(s) 30-NOV-2001</p> <p>Mileage at Failure(s) 1800</p> <p>Vehicle Speed at Failure(s) approx. 60 to 65</p> | <p>Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>   | <p>NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>             |

|  |   |                                       |                                  |   |   |
|--|---|---------------------------------------|----------------------------------|---|---|
| <p>APPLICATION INCIDENT INFORMATION<br/>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p> |   |                                       |                                  |   |   |
| <p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>   | <p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Number of Persons Injured None</p> | <p>Number of Fatalities None</p> | <p>Estimated Property Damage Nothing to show - panel was picked up by wheel</p> | <p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |

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

REAR PASSENGER'S WHEEL STARTED TO WOBBLE, AND LOST CONTROL OF VEHICLE. PLEASE PROVIDE ANY FURTHER INFORMATION. \*AK

Made a loud thumping noise. I, Irma Scull, 79 yrs old alone in my car at night about 8:30 pm. on Hwy 105 going west toward Navasota, TX. Noise was horrible. I thought right back tire was coming apart or wheel was coming off. Lost complete control - no cars in site when I came off. were coming toward me.

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My car has not been fixed as of 12-31-2001. This incident

tire did not fail wheel made loud noises.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T

MANUFACTURER/TIRE NAME

General

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)

I simply could do nothing but hang on to the steering wheel. I was on their side of roadway at that time. I manage to cut back across the highway as I was meeting the other two cars. I did not see that they slowed or noticed that my car was out of control. We, the occupants in those cars and I could have been smeared all over the highway. Once the car was in control the noise from back wheel was quiet and I thought something would be O.K. to come on home to College Station. Needless to say, I thought it was my last day on Earth. The panel has not been put back on the car. They gave me an estimate of \$285.00. I bought car mechanics insurance from dealership, so with the promise of insurance Buick is guaranteed less than \$200.00.

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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