



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 1038**

Date Received

04-JAN-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8001580

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G4HP54J814220127	BUICK	LESABRE	2001	
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
				Vehicle Type
				<input 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 _____
				Body Style
				<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component 12111900 12112300	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT; INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG: SIDE DOOR: P	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ 22-OCT-2001 Mileage at Failure(s) _____ 1400 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA Previously <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER WAS INVOLVED IN A FRONT END COLLISION TRAVELING 10-15 MPH IN WHICH FRONT DRIVER AND PASSENGER SIDE AIRBAGS FAILED TO DEPLOY. CONSUMER SUSTAINED INJURIES TO ABDOMINAL AREA/ KNEES, AND EYES. MANUFACTURER HAS BEEN CONTACTED, BUT HAS BEEN UNABLE TO OFFER ANY CUSTOMER SATISFACTION. PLEASE PROVIDE FURTHER DETAILS.\*AK

CONTINUED 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.



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

FLY AGENCY USE ONLY 1038	
Received <b>2002 MAR 11 AM 10:46</b>	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____
Reference No. <b>8001580</b>	
Work Number	_____
Phone Number	_____

**OWNER INFORMATION (Type or Print)**

\_\_\_\_\_  
732182

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
In the absence of a signature, the name and address to the manufacturer.  
Signature of Owner \_\_\_\_\_

YES  NO  
Date 1-23-02

**VEHICLE INFORMATION**

Vehicle Identification No. (VIN) (Located on dashboard windshield on driver's side) <b>1G4HP548814220127</b>	Vehicle Make <b>BUICK</b>	Vehicle Model <b>LESABRE</b>	Vehicle Year <b>2001</b>	Current Odometer Reading <b>1874</b>
Purchase Date <b>8-31-01</b>	Dealer's Name <b>Nunley Chevy Buick</b>		Engine Size (CID/CC/L) <b>3300</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <b>Corinth</b>	State <b>MS</b>	Zip Code <b>38834</b>	No. Cylinders <b>6</b>

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Anti-lock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input 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 checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Utility 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 <input type="checkbox"/> Truck
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>12111200 12112300</b>	Part Name(s) <b>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG: SIDE DOOR:</b>	Location <input checked="" type="checkbox"/> Left Front <input type="checkbox"/> Right Front <input checked="" type="checkbox"/> Right Rear <input type="checkbox"/> Original Replacement	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
No of Failures <b>2</b>	Date(s) of Failure(s) <b>22-OCT-2001</b>	Mileage at Failure(s) <b>1400</b>	Vehicle Speed at Failure(s) <b>10-15 MPH</b>	

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>1</b>	Number of Fatalities <b>0</b>	Estimated Property Damage <b>10075.74</b>	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

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CONTINUE ON BACK IF NEEDED

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 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.

**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

*(Page 1 through Page 6)*









