



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 231

Date Received

09-JAN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8001848

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) _____ (Location at bottom of windshield and driver's side door)		Vehicle Make BUICK	Vehicle Model LESABRE	Vehicle Year 2000	Current Odometer Reading _____
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01400000 02000000	Part Name(s) STEERING:GEAR:RACK AND PINION SUSPENSION	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 _____	Number of Fatalities _____	Estimated Property Damag _____	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN TURNING STEERING WHEEL LEFT OR RIGHT STEERING WHEEL VIBRATES INTERMITTENTLY. VEHICLE WAS SERVICED. TECHNICIAN NOTICED THAT RACK AND PINION STEERING NEEDED TO BE REPLACED.PLEASE PROVIDES FURTHER INFORMATION. *AK

COPIES OF THIS FORM ARE:

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
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National Highway
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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

231

Date Received

01 FEB 27 AM

01 JAN 2002

DEFECTS INVESTIGATION

Occur

Ad

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Reference No.

8001848

OWNER INFORMATION (Type or Print)

733043

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

YES

NO

Signature of Owner

Date 1/1

VEHICLE INFORMATION

Vehicle Identification Number (VIN) (Print or type on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G4HP54K9YU329688	BUICK	LESABRE	2000	19600

Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	☐ Turbo Diesel
7-5-2000	BROWN CHEV.		
☒ New ☐ Used	City/MONTGOMERY State/VY Zip Code	No. Cylinders 6	☐ Gas ☒ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbell ☐ 2-Point Belt ☒ Driverside Airbag ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utility Truck ☐ Motorcycle	☐ 2-Door ☒ 4-Door Stationwagon ☐ Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
01400000 02000000	STEERING:GEAR:RACK AND PINION SUSPENSION	☐ 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)	NHTSA Previously
		☐ 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)

WHEN TURNING STEERING WHEEL LEFT OR RIGHT STEERING WHEEL VIBRATES
INTERMITTENTLY. VEHICLE WAS SERVICED. TECHNICIAN NOTICED THAT RACK AND PINION
STEERING NEEDED TO BE REPLACED. PLEASE PROVIDES FURTHER INFORMATION. *AK

PART ON RECALL I WAS NOT NOTIFIED BY GM FOUND PROBLEM
MYSELF. THIS IS THE MFG FAULT NOT THE DEALER.
MY CONCERN THAT THIS PART MAY LOCK UP AND CAUSE
A RACE. I AM AWARE THAT IS A LOT OF EXTRA TENSION ON
THE SERPENTINE BELT. ONE MORE YEAR AND WARRANTY IS VOID.

CONTINUE ON BACK IF NEEDED

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