



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 117

Date Received

15-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8007585

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 | | |
| 1G4NV15M5SC423355 | BUICK | SKYLARK | 1995 | | | |
| Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name _____ City _____ State _____ Zip Code _____ | | Engine Size (CID/CC/L) _____ No Cylinders _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | | |
| Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <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 | Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <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 09310000 09540000 | Part Name(s) LIGHTING:FUSE:TURN SIGNAL LIGHTS COMMUNICATIONS:HORN ASSEMBLY:WIRE:HORN:FUSIBLE | 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) _____ Mileage at Failure(s) _____ 40000 Vehicle Speed at Failure(s) _____ | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA 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 type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|---|

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

WOULD BE TRYING TO USE SIGNAL LEVER OR THE HORN, AND NEITHER WOULD WORK PROPERLY. SOMETIMES WOULD WORK, AND THEN SOMETIMES NOT WORKING. HORN WENT OUT FIRST, AND THEN SIGNAL LIGHTS. ITS AN ONGOING INTERMITTENT PROBLEM CAUSE DBY AN ELECTRICAL SHORT. HAVE NOT TAKEN TO DEALERSHIP.*AK

COPIED FROM NHTSA - APR 2002

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.



DOT Auto Safety Hotline

U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY (1)

Date Received: _____
 Od_or: _____
 rt_dt: _____
 od_rt: _____
 up_ltr: _____

Reference No.
8007585

OWNER INFORMATION (Type or Print)

748268

Work Number _____
 Home Number _____

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 4/22/02

VEHICLE INFORMATION

| | | | | |
|---|------------------------------|---------------------------------|-----------------------------|---|
| Vehicle Ident. No. (VIN) (Located on bottom of windshield on driver's side) 1G4NV15M5SC423355 | Vehicle Make BUICK | Vehicle Model SKYLARK | Vehicle Year 1995 | Current Odometer Reading 41,000 |
|---|------------------------------|---------------------------------|-----------------------------|---|

| | | | |
|---|---|--|---|
| Purchase Date 6-3-96 | Dealer's Name Key Buick | Engine Size (CID/GCC) 3.1L/150 | <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City JAX State FL Zip Code 32216 | No Cylinders 6 | |

| | | | | | | |
|--|--|--|---|---|--|--|
| Transmission Type <input type="checkbox"/> Manual <input checked="" 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"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag | 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"/> 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 checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck |
|--|--|--|---|---|--|--|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|---|--|--|--|
| Component 09310000 09540000 | Part Name(s) LIGHTING:FUSE:TURN SIGNAL LIGHTS COMMUNICATIONS:HORN ASSEMBLY:WIRE:HORN:FUSIBLE | Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
|---|--|--|--|

| | | | | | |
|----------------------------|--------------------------------------|--|--------------------------------------|---|---|
| No of Failures 3 | Date(s) of Failure(s) 2001 | Mileage at Failure(s) 40000 34,000 | Vehicle Speed at Failure(s) _____ | Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---------------------------|----------------------|---------------------------|--|

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

WOULD BE TRYING TO USE SIGNAL LEVER OR THE HORN, AND NEITHER WOULD WORK PROPERLY. SOMETIMES WOULD WORK, AND THEN SOMETIMES NOT WORKING. HORN WENT OUT FIRST, AND THEN SIGNAL LIGHTS. ITS AN ONGOING INTERMITTENT PROBLEM CAUSE DBY AN ELECTRICAL SHORT. HAVE NOT TAKEN TO DEALERSHIP.*AK

CONTINUE ON BACK IF NEEDED

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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Horn quit working in 2001 at about 34,000 miles
Bypassed Horn had a push button Horn put in. Because
They waited 600.00 JUST for the horn. Then a bout 3
Months later the signal lights stopped working and also
the flashers. when I push the flasher lever back &
forth the signals start working again. There is a
short in the steering column. I never could get the
flashers to work again. The signals work when they
want. I've brought to dealer on Recall for another problem
on starter switch. Linda Raimond

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

20590+0001



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

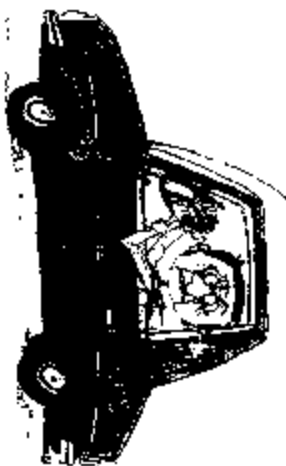
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



US Department of Transportation
National Highway Traffic Safety
Administration
<http://www.nhtsa.dot.gov/hotline>