



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 1367

Date Received

05-JUN-2002

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

Reference No.

8011142

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>(Locate at bottom of<br/>windshield or driver's side)</small> |                                                             | Vehicle Make                                                                                                                                                                                                       | Vehicle Model                                               | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                      |
| 1G4HR52K5VH477225                                                                                |                                                             | BUICK                                                                                                                                                                                                              | LESABRE                                                     | 1997                                                                                                                                         |                                                                                                                                                                                               |
| Purchase Date                                                                                    | Dealer's Name _____                                         |                                                                                                                                                                                                                    | Engine Size<br>(CID/CC/L _____)                             | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                               |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                            | City _____ State _____ Zip Code _____                       |                                                                                                                                                                                                                    | No Cylinders _____                                          |                                                                                                                                              |                                                                                                                                                                                               |
| Transmission Type                                                                                | Antilock Brakes                                             | Restraint System                                                                                                                                                                                                   | Cruise Control                                              | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                  |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____                                                      |
|                                                                                                  |                                                             |                                                                                                                                                                                                                    |                                                             |                                                                                                                                              | <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____                                           |
|                                                                                                  |                                                             |                                                                                                                                                                                                                    |                                                             |                                                                                                                                              | <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>05100000 | Part Name(s)<br>ENGINE             | 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>26-MAY-2002 | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                |
|                       | Mileage at Failure(s)<br>87        |                                                                                                                                          |                                                                                             |
|                       | Vehicle Speed at Failure(s)        |                                                                                                                                          |                                                                                             |

### 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 Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------|--------------------------------------------------------------------------------|

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

WHILE DRIVING AT 70MPH ENGINE DIED. CONTACT DEALER. REPLACED ENGINE, A CONNECT ROD HAD BROKEN.\*AK

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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.

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CONTINUE ON BACK IF NEEDED

HAD BROKEN: AK  
Dodge - Engine, Crankshaft, A/c Compressor (lost)  
THAT IS A PART THAT SHOULD NOT BE A PART OF A MANUFACTURER'S PLAN THAT SHOULD BE IN THE PLAN  
WHILE DRIVING AT 70MPH ENGINE DIED. CONTACT DEALER. REPLACED ENGINE, A CONNECT ROD

|                                                               |                                                                     |                    |                                                                     |
|---------------------------------------------------------------|---------------------------------------------------------------------|--------------------|---------------------------------------------------------------------|
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) |                                                                     |                    |                                                                     |
| Crash                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of Persons Injured                                     |                                                                     | Number of Failures |                                                                     |
| Estimated Property Damage                                     |                                                                     | Reported to Police | <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) |                                                              |                             |                                                                                   |
| No of Failures                                                                                               | Date(s) of Failure(s)<br>26-MAY-2002                         | Mileage at Failure(s)<br>87 | Vehicle Speed at Failure(s)                                                       |
| Failed Parts                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No     | Failed Parts                | <input type="checkbox"/> Yes <input type="checkbox"/> No                          |
| Location                                                                                                     | <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Parts                | <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement |

|                                         |                                                                                                                                                                                         |                          |                                                                                                                    |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|
| FAILED COMPONENT(S)/PART(S) INFORMATION |                                                                                                                                                                                         |                          |                                                                                                                    |
| Component                               | 05100000                                                                                                                                                                                | Part Name(s)             | ENGINE                                                                                                             |
| Transmission Type                       | <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual                                                                                                           | Restraint System         | <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> No |
| Antilock Brakes                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                     | Driver's Side Airbag     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| Passenger's Side Airbag                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                     | Crash Control            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                |
| Vehicle Type                            | <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other                                                    | Drive Type               | <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel           |
| Body Style                              | <input checked="" type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck | Engine Size              | <input type="checkbox"/> CID/CYL <input type="checkbox"/> No Cylinders                                             |
| Fuel Type                               | <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Turbo                                                                                  | Current Odometer Reading | ~86,000                                                                                                            |

|                                                                                                                                                                |                                                                                                        |              |                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VEHICLE INFORMATION                                                                                                                                            |                                                                                                        |              |                                                                                                                                                                                         |
| Vehicle Ident. No. (VIN)                                                                                                                                       | 1G4HR52K5VH477225                                                                                      | Vehicle Make | BUICK                                                                                                                                                                                   |
| Vehicle Model                                                                                                                                                  | LESABRE                                                                                                | Vehicle Year | 1997                                                                                                                                                                                    |
| Current Odometer Reading                                                                                                                                       | ~86,000                                                                                                | Engine Size  | CID/CYL                                                                                                                                                                                 |
| Fuel Type                                                                                                                                                      | <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Turbo | Body Style   | <input checked="" type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                        |              |                                                                                                                                                                                         |
| Signature of Owner                                                                                                                                             |                                                                                                        |              |                                                                                                                                                                                         |
| Date 7/10/02                                                                                                                                                   |                                                                                                        |              |                                                                                                                                                                                         |
| Work Number                                                                                                                                                    |                                                                                                        |              |                                                                                                                                                                                         |
| Home Number                                                                                                                                                    |                                                                                                        |              |                                                                                                                                                                                         |
| Reference No. 8011142                                                                                                                                          |                                                                                                        |              |                                                                                                                                                                                         |
| Date Received 05-JUN-2002                                                                                                                                      |                                                                                                        |              |                                                                                                                                                                                         |
| DOT Auto Safety Hotline                                                                                                                                        |                                                                                                        |              |                                                                                                                                                                                         |
| Vehicle Owner's Questionnaire (VOQ)                                                                                                                            |                                                                                                        |              |                                                                                                                                                                                         |
| NATIONWIDE 1-888-DASH-2-DOT                                                                                                                                    |                                                                                                        |              |                                                                                                                                                                                         |
| 1-888-327-4236                                                                                                                                                 |                                                                                                        |              |                                                                                                                                                                                         |
| www.nhtsa.dot.gov/hotline                                                                                                                                      |                                                                                                        |              |                                                                                                                                                                                         |
| Administration                                                                                                                                                 |                                                                                                        |              |                                                                                                                                                                                         |
| Traffic Safety                                                                                                                                                 |                                                                                                        |              |                                                                                                                                                                                         |
| National Highway                                                                                                                                               |                                                                                                        |              |                                                                                                                                                                                         |
| Transportation                                                                                                                                                 |                                                                                                        |              |                                                                                                                                                                                         |
| U.S. Department                                                                                                                                                |                                                                                                        |              |                                                                                                                                                                                         |