



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 436

Date Received

13-JUN-2002

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

Reference No.

8011785

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		
1G4BR82P15R401672	BUICK	ROADMASTER	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 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 type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" 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 03250000 06400000 15301000	Part Name(s) BRAKES:HYDRAULIC ANTI-SKID SYSTEM FUEL:THROTTLE LINKAGES AND CONTROL EQUIPMENT:SPEED CONTROL VACUUM LINES	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) 03-JUN-2002 Mileage at Failure(s) 91000 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE TOOK OFF FULL THROTTLE WHILE IN DRIVE GOING APROXIMATELY 60MPH. CONSUMER WAS STOMPING ON BRAKE PEDAL TRYING TO STOP, AND BRAKES WERE PULSATING, CAUSING ABS TO JAM. CONSUMER TURNED KEY TO SHUT VEHICLE OFF. CRUISE CONTROL CABLE PULLED THROTTLE CABLE BACK ; HOWEVER, FUSE WAS DISCONNECTED.*AK

COPIED FROM NHTSA FILE # 1

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.

1G4BR82P15R401672

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 436</p>	
	<p>OWNER INFORMATION (Type or Print)</p> <p>759018</p> <p>UNIONTOWN OH</p>		<p>Date Received: 13 JUN 2002</p> <p>OFFICE DEFECTS INVESTIGATION</p> <p>Reference No. 8011785</p> <p>Work Number</p> <p>Home Number</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized signature, I provide your name and address to the vehicle manufacturer.
 Signature of Owner: [Redacted] Date: 6/22/02

<p>VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) located at bottom of windshield on driver's side</p> <p>1G4BR82P15R401672</p>	<p>Vehicle Make</p> <p>BUICK</p>	<p>Vehicle Model</p> <p>ROADMASTER</p>	<p>Vehicle Year</p> <p>1995</p>	<p>Current Odometer Reading</p> <p>91,000</p>	
<p>Purchase Date</p> <p>6/3/2002</p>	<p>Dealer's Name</p> <p>SKIRCO</p>		<p>Engine Size (CID/CC/L)</p> <p>5.7</p>	<p>Turbo Diesel Gas Fuel Injectic</p>	
<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>City</p> <p>Canal Fulton</p>	<p>State</p> <p>OH</p>	<p>Zip Code</p> <p>44614</p>	<p>No Cylinders</p> <p>8</p>	<p>2600HP</p>
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p> <p><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other</p> <p>WAGON</p>

<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component</p> <p>03250000 06400000 15301000</p>	<p>Part Name(s)</p> <p>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM FUEL:THROTTLE LINKAGES AND CONTROL EQUIPMENT:SPEED CONTROL VACUUM LINES</p>	<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>		
<p>No of Failures</p>	<p>Date(s) of Failure(s)</p> <p>03-JUN-2002</p>	<p>Mileage at Failure(s)</p> <p>91000</p>	<p>Vehicle Speed at Failure(s)</p> <p>From 20 to approx 60+ mph</p>	<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</p>					
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>0</p>	<p>Number of Fatalities</p> <p>0</p>	<p>Estimated Property Damage</p> <p>0</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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

VEHICLE TOOK OFF FULL THROTTLE WHILE IN DRIVE GOING APROXIMATELY 60MPH. CONSUMER WAS STOMPING ON BRAKE PEDAL TRYING TO STOP, AND BRAKES WERE PULSATING, CAUSING ABS TO JAM. CONSUMER TURNED KEY TO SHUT VEHICLE OFF. CRUISE CONTROL CABLE PULLED THROTTLE CABLE BACK; HOWEVER, [Redacted]

P.S. I never mentioned a fuse ↑ See BACK
 Cruise Control does not fail safe →

CONTINUE ON BACK IF NEEDED

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Help! "This is a death trap, please do something" f/w

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

The cruise control pulled the throttle wide open at approx 20mph the brake peddal would not de-energize the cruise control I must have been going 60mph before I turned the key off. I was affraid to turn the the Key off sooner because I was on a curve and I would have lost my power steering. I almost flipped the car over hitting the brakes on the curve. I jammed the brakes so hard I almost injured my foot. The ABS warning light has been on ever since the problem occurred and my foot still hurts. Many people will die in car accidents if you don't re-call these cars and solve the problem - I called Buick, they want to look at the car but I am affraid they might do a cover up and hundreds of people might die. Please respond ATTACH ADDITIONAL SHEETS IF NECESSARY

yours Truly [redacted] 6/22/02 - P.S. I have witnesses

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

NOTE - vertical F.D. number 8-5



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

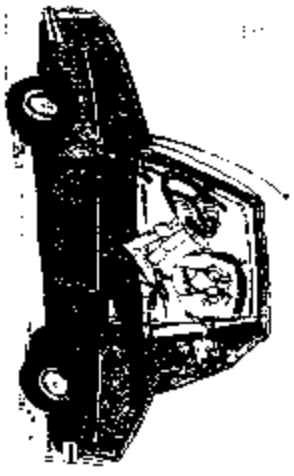
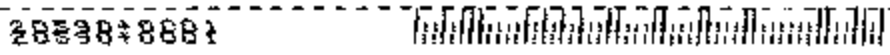
BUSINESS REPLY MAIL FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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



Mr. Jack Walchuck 2648 Connecticut Ct. Uniontown, OH 44685

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



U.S. Department of Transportation National Highway Traffic Safety Administration http://www.nhtsa.dot.gov/Hotline



DOT Auto Safety Hotline (DASH) 2 DOT

1-888-DASH-2-DOT 1-888-327-4236

DASH2DOT and dial toll free at

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DOT AUTO SAFETY HOTLINE

VEHICLE OWNER'S QUESTIONNAIRE



Mr. Jack Walchuck 2648 Connecticut Ct. Uniontown, OH 44685

