

U.S. Department  
of TransportationNational 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 335

Date Received

12-OCT-1999

Ocd\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

850411

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>(Listed at front of windshield or drivers side)</small>		Vehicle Make <b>BUICK</b>	Vehicle Model <b>SKYLARK</b>	Vehicle Year <b>1995</b>	Current Odometer Reading	
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	No. Cylinders _____	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 Ult <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 <b>09520000</b>	Part Name(s) <b>COMMUNICATIONS:HORN ASSEMBLY:RELAY:HORN</b>	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 Failures <b>0</b>	Date(s) of Failure(s) _____ Mileage at Failure(s) <b>57500</b> Vehicle Speed at Failure(s) <b>0</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------------------	----------------------------------	---------------------------	---

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

**CONSUMER STATES THAT HORN BLOWS AND WILL NOT STOP BLOWING. CONSUMER HAD TO DISCONNECT FUSE.**

CONTINUED 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 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

### Vehicle Owner's Questionnaire

Auto Safety Hotline

FOR AGENCY USE ONLY 335

DATE RECEIVED: 03 JAN 22 AM 1:04  
OFFICE: 12 OCT-1999  
DEFECT INVESTIGATION

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

#### OWNER INFORMATION (Type or Print)

Home Number: [REDACTED]  
Work Number: [REDACTED]

Reference No. 850411

Date Received: \_\_\_\_\_  
od\_or \_\_\_\_\_  
n\_dt \_\_\_\_\_  
od\_n \_\_\_\_\_  
up\_tr \_\_\_\_\_

Signature of Owner

In the absence of an

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES  NO

address to the vehicle manufacturer.

Date: 12/21/99

#### VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield): 1G4V55M99C416903  
Vehicle Make: BUICK  
Vehicle Model: SKYLARK  
Vehicle Year: 1995  
Current Odometer Reading: 57,000

Purchase Date

Month, Year: March, 1995

New  Used

Dealer's Name: Towne Buick  
City, State: Williamsport, PA

Zip Code: 17231

Engine Size (CID/CCL): 3.1L  
No Cylinders: 6  
Turbo:   
Diesel:   
Gas:   
Fuel Injection:

Transmission Type

Manual  Automatic

Anti-lock Brakes

Yes  No

Restraint System

3-Point Belt  Driver Side Airbag  Passenger Side Airbag

Cruise Control

Yes  No

Drive Train

Front  Rear  4-Wheel

Vehicle Type

Car  Van  Minivan  Other

Body Style

2-Door  4-Door  Station Wagon  Pick Up Truck  Other

Component 05540000

COMMUNICATIONS: HORN ASSEMBLY; WIRE; HORN; FUSIBLE

Location:  Left  Right  Rear  Front

Failed Part(s):  Original  Replacement

No of Failures: 0

Date(s) of Failure(s): Summer 1999  
Mileage at Failure(s): 57500  
Vehicle Speed at Failure(s): Not Applicable

Failed Part(s) Available?  Yes  No  
NHTSA Previously Contacted?  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

0

Number of Failures

0

Estimated Property Damage

Yes  No

Reported to Police

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

HORN BLOWS AND WILL NOT STOP BLOWING, CONSUMER HAD TO DISCONNECT FUSE. AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-578) 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.