



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 156

Date Received

27-DEC-1999

Od_or _____
R_dt _____
od_rt _____
up_ltr _____

Reference No.

854407

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) (located at front of windshield or drivers side) 1G4CU5214W4634817	Vehicle Make BUICK	Vehicle Model PARK AVENUE	Vehicle Year 1998	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01300000	Part Name(s) STEERING:POWER ASSIST	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) <u>24-DEC-1999</u> Mileage at Failure(s) <u>14</u> Vehicle Speed at Failure(s) _____	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	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING IN RAINY CONDITIONS POWER STEERING MALFUNCTIONS, CAUSING STEERING DIFFICULTY WHICH MAY RESULT IN A CRASH. DEALER IS AWARE OF THE PROBLEM, BUT HAS NO SOLUTION. PLEASE PROVIDE FURTHER INFORMATION. *AK

CONTINUED ON BACK (156)

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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JAN 22 AM 12:58
27-DEC-1999OFFICE
INVESTIGATIONOd_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

854407

OWNER INFORMATION (Type or Print)

Work Number NA

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 a _____ and address to the vehicle manufacturer.

Signature of Owner

Date 1/11/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of
windshield on driver's side)

1G4CU5214W4634817

Vehicle Make

BUICK

Vehicle Model

PARK AVENUE

Vehicle Year

1998

Current Odometer Reading

15076

Purchase Date

3/12/98

Dealer's Name CANNON BUICK, INC.

City LAKE LAND State FL Zip Code 33513

Engine Size 3.8 LITERA

(CID/CC/L) 16 SUPA

No Cylinders 4 Cylinders

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injection

Transmission Type

☐ Manual☒ Automatic

Antilock Brakes

☒ Yes☒ No

Restraint System

☒ 3-Point Belt☐ Motorbelt☒ Driverside Airbag☐ 2-Point Belt☒ Passengerside Airbag

Cruise Control

☒ Yes☒ No

Drive Train

☒ Front☐ Rear☐ 4-Wheel

Vehicle Type

☒ Car☐ Van☐ Minivan☐ Other☐ Sport Lift☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☒ 4-Door☐ Stationwagon☐ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

01300000

Part Name(s)

STEERING:POWER ASSIST

Location

☐ Left☒ Front☐ Right☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No of Failures

Date(s) of Failure(s) 24-DEC-1999

Mileage at Failure(s) 14

Vehicle Speed at Failure(s) 25-30 MPH

Failed Part(s)
Available?☐ Yes ☒ NoNHTSA 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 Fatalities

0

Estimated Property Damage

0

Reported to Police

☐ Yes☒ No

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

WHILE DRIVING IN RAINY CONDITIONS POWER STEERING MALFUNCTIONS, CAUSING STEERING DIFFICULTY WHICH MAY RESULT IN A CRASH. DEALER IS AWARE OF THE PROBLEM, BUT HAS NO SOLUTION. PLEASE PROVIDE FURTHER INFORMATION. *AK 0540 AM, MEDIUM TO HEAVY RAIN, TRAVELING AT 25-30 MPH. STARTED MAKING A LEFT TURN WHEN POWER FAILED. WAS ABLE TO OVERCOME THE RESISTANCE TO TURN THE STEERING WHEEL AND DID COMPLETE THE TURN. IF I DID NOT HAVE MANY YEARS OF DRIVING EXPERIENCE AT LEAST AVERAGE OR MORE ARM STRENGTH

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

GOODYEAR COT-QUEST

SIZE

P225/60/16

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

I WOULD HAVE RUN OFF THE ROAD AND A GOOD CHANCE
OF HITTING - A TREE.

SINCE MY ORIGINAL CALL I HAVE BEEN IN CONTACT
WITH THE DEALER SERVICE MANAGER "DAVID L. EBY" AND
HE RECOMMENDED REPLACING THE BELT WITH AFTER MARKET DAYCO
BELT WITH RIBS TO CHANNEL WATER AWAY TO PREVENT SLIPPING

FLORIDA IS NOW IN THE DRY SEASON SO AM NOT SURE
THIS FIX WILL ~~PREVENT~~ PREVENT THE PROBLEM FROM
OCCURRING AGAIN. GM SHOULD CONDUCT TEST TO
INSURE THIS DOES NOT HAPPEN TO OTHER

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

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
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

