

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 437

Date Received

27-JAN-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

855579

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 on drivers side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
NOTAVAILABLE	BUICK	REGAL	2000	

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 08120000	Part Name(s) ELECTRICAL SYSTEM: BATTERY: CABLE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 20-JAN-2000 Mileage at Failure(s) _____ 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)

NEGATIVE CABLE ON BATTERY KEEPS LOOSENING, CAUSING BATTERY TO DIE. *AK

CONTINUED ON BACK (REVERSE)

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.

Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration 1-888-327-4236 www.nhtsa.dot.gov/hotline 27-JAN-2000 OFFICE OF INVESTIGATION 855579 FOR AGENCY USE ONLY 437										Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO Signature of Owner: _____ Date: 2/8/00									
VEHICLE INFORMATION Vehicle Identification No. (VIN): 2G4WF571X71157120 Vehicle make: BUICK Vehicle model: REGAL Vehicle year: 2000 Current odometer reading: 2816										VEHICLE INFORMATION Engine size: 3.8L Engine type: Gas Fuel injection: ☒ Fuel injection									
TRANSMISSION TYPE Automatic ☒ Manual ☐ Antilock Brakes ☒ No ☐ Restraint System: 3-Point Belt ☒ 2-Point Belt ☐ Motorized ☐ Crash Control: ☒ Yes ☐ No Drive Train: Front ☒ Rear ☐ 4-Wheel ☐ Vehicle Type: Car ☒ Van ☐ Minivan ☐ Motorcycle ☐ Other ☐ Body Style: 2-Door ☒ 4-Door ☐ Station Wagon ☐ Pick Up Truck ☐ Other ☐										FAILED COMPONENT(S)/PART(S) INFORMATION Component: 48120000 Part Name(s): ELECTRICAL SYSTEM: BATTERY: CABLE Location: Left ☐ Right ☐ Front ☐ Rear ☐ Failed Part(s): Original ☒ Replacement ☐									
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: 1 Date(s) of Failure(s): 20-JAN-2000 Mileage at Failure(s): 4000 Vehicle Speed at Failure(s): 60 MPH (Estimated) Available? ☒ Yes ☐ No Failed Part(s): ☒ Yes ☐ No NHTSA Previously Contacted? ☒ Yes ☐ No										NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) Crash ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured: _____ Number of Fatalities: _____ Estimated Property Damage: _____ Reported to Police: ☐ Yes ☒ No									
NEGATIVE CABLE ON BATTERY KEYS LOOSENING, CAUSING BATTERY TO DIE. CAR LOST CONTACT ELECTRICALLY, ALTHOUGH ATTACHING BOLT WAS TIGHT, IT DID NOT CLAMP CABLE END. CAR APPARENTLY RAN ON ALTERNATOR OUTPUT UNTIL SHUT DOWN, BUT CAR WAS THEN ELECTRICALLY DEAD. NO START, NO LIGHTS, ETC., UNTIL CABLE WAS SHIFTED AT BOLT, THEN BOLT TIGHTENED. (Cont'd) CONTINUE ON BACK IF NEEDED																			

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

SIZE

* 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)

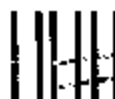
OPERATION WITHOUT BATTERY MAY CAUSE FAILURE
OF OTHER ELECTRICAL SYSTEM COMPONENTS, DUE
TO UNDAMPED VOLTAGE SPIKES, AS PRODUCED BY
~~THE~~ ALTERNATOR. STALLOUT COULD THUS OCCUR
IN TRAFFIC, OR AT SHUT-DOWN IN INCONVENIENT
OR UNSAFE LOCATION, AND NECESSITATE VEHICLE TOW
TO SERVICE FACILITY FOR DIAGNOSIS AND REPAIR.

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



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.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

