



U.S. Department
of Transportation

National 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 118

Date Received

10-FEB-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

856668

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	Vehicle Model	Vehicle Year	Current Odometer Reading
1G4NV55M6SC415062	BUICK	SKYLARK	1995	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <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	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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	Part Name(s)	Location	Failed Part(s)
12112100	INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	27-JAN-1995	53471		<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

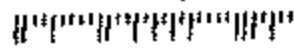
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN VEHICLE WAS INVOLVED IN A HEAD-ON CRASH WITH A TELEPHONE POLE, THERE WAS NO DEPLOYMENT OF THE DRIVER'S SIDE AIR BAG. VEHICLE WAS TOTALLED. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

CONTINUED ON BACK PLEASE

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.

 <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 118</p> <p>Date Received: <u>03 MAR 30 10:45 2000</u></p> <p>OFFICE INVESTIGATION</p>	
<p>Od_or _____ rt_dt _____ od_rt _____ up_ltr _____</p>		<p>Reference No. 856688</p>		<p>Work Number _____ Home Number _____</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>DEFECT ID: 589558</p>				<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of _____ provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date <u>2/21/2000</u></p>	
<p align="center">VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1G4NV55M8SC415062</p>		<p>Vehicle Make BUICK</p>	<p>Vehicle Model SKYLARK</p>	<p>Vehicle Year 1995</p>	<p>Current Odometer Reading 5347</p>
<p>Purchase Date _____</p>	<p>Dealer's Name <u>Benicker</u></p>		<p>Engine Size (CID/CCA) _____</p>	<p>No Cylinders _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>
<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>City <u>Downtown</u> State <u>Tx</u> Zip Code _____</p>		<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p>
<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p>Sport Utlk Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____</p>	
<p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component 12112100</p>	<p>Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR <u>Drivers side airbag</u></p>		<p>Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	
<p>No of Failures _____</p>	<p>Date(s) of Failure(s) <u>27-JAN-1995</u></p> <p>Mileage at Failure(s) <u>5347</u></p> <p>Vehicle Speed at Failure(s) <u>45 mph</u></p>		<p>Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p align="center">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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured <u>1</u></p>	<p>Number of Fatalities <u>0</u></p>	<p>Estimated Property Damage <u>?</u></p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>WHEN VEHICLE WAS INVOLVED IN A HEAD-ON CRASH WITH A TELEPHONE POLE, THERE WAS NO DEPLOYMENT OF THE DRIVER'S SIDE AIR BAG. VEHICLE WAS TOTALLED. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK</p>					
<p align="right">CONTINUE ON BACK, IF NEEDED</p>					
<p>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.</p>					



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

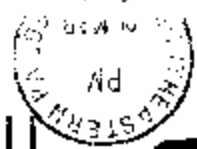
POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

BUSINESS REPLY MAIL
 FIRST CLASS PERMIT NO 73178 WASHINGTON, D.C.

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



while driving at a 40-45 mph rate of speed
 the driver put a patch of ice mounting on
 a head on collision into a telephone pole (over
 though) the driver was relying reformed by
 a 3 point belt. To Abuck the steering wheel
 causing him to be
 impact, the car was in
 by Allstate insurance,
 tested the 8 m
 first company with the concern of a safety
 issue they must say the complaint is being
 handled by the consumer product safety
 litigation department and that they can
 no longer discuss the matter.

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

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.																				
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)