



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 333

Data Received
17-FEB-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.
857130

Work Number _____
Home Number **810-238-2945**

OWNER INFORMATION (Type or Print)

KEITH FRANKLIN 591444
3288 BROOKGATE DR
FLINT MI 48507

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 top of windshield or driver's side)</small> 1G4HP53L6PH549761	Vehicle Make BUICK	Vehicle Model LESABRE	Vehicle Year 1993	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual	Antilock Brakes <input type="checkbox"/> Yes	Restraint System <input type="checkbox"/> 3-Point Belt	Cruise Control <input type="checkbox"/> Yes	Drive Train <input type="checkbox"/> Front	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util	Body Style <input type="checkbox"/> 2-Door
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