

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 231

Date Received

17-APR-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

860440

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 BUICK | Vehicle Model CENTURY | Vehicle Year 1989 | Current Odometer Reading |
|--|------------------------------|---------------------------------|-----------------------------|--------------------------|

| | | | |
|---|---------------------------------------|------------------------------|--|
| 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 <input type="checkbox"/> Manual <input checked="" 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 06400000 | Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL | 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 | Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____ | 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|---------------------------|---|

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

WHILE ENGINE IDLED HIGH CONSUMER SHIFTED VEHICLE OUT OF PARK INTO DRIVE WITH BRAKES DEPRESSED, AND VEHICLE DROVE OFF OUT OF CONTROL, RUNNING INTO A LAKE. PLEASE PROVIDE 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.



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Od_or _____
rt_dt _____
od_rt _____
up_jr _____

RECEIVED
00 MAY 17 AM 10:22
17 APR 2000
OFFICE DEFECTS INVESTIGATION

Reference No.
860440

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Work Number _____
Home Number _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of a signature, NHTSA will report the name and address to the vehicle manufacturer.
Signature of Owner _____ Date 5/1/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1G4AL51N4K7441534 (located at bottom of windshield on driver's side)
Vehicle Make BUICK Vehicle Model CENTURY Vehicle Year 1989 Current Odometer Reading 120,000+

Purchase Date _____ Dealer's Name Clint Newell Engine Size (CID/CC/L) _____ Turbo
 New Used City Roseburg State OR Zip Code 97470 No Cylinders 6 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 Sport Utr Van Truck Minivan Motorcycle Other Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000 Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL Location Left Right Front Rear Failed Part(s) Original Replacement

No of Failures _____ Date(s) of Failure(s) April 16, 2000 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) 0 - 5MPH 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 3 - Injury due to seat belt bruising. Minor injury only. Number of Fatalities 0 Estimated Property Damage \$2300.00 Reported to Police Yes No

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

WHILE ENGINE IDLED HIGH CONSUMER SHIFTED VEHICLE OUT OF PARK INTO DRIVE WITH BRAKES DEPRESSED, AND VEHICLE DROVE OFF OUT OF CONTROL, RUNNING INTO A LAKE. PLEASE PROVIDE FURTHER INFORMATION. *AK
Engine idle was about the idle when car is choked due to cold start. Braking system did not hold vehicle. Engine seemed to be ~~accelerating~~ accelerating.

CONTINUE ON BACK IF NEEDED

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