



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

Data Received 30-MAY-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 862668	

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> 1G4CW52K7W4628819	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) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" 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 <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Sport Ult Truck 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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06000000	Par. Name(s) ELECTRICAL SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) <u>01-APR-2000</u> Mileage at Failure(s) <u>21000</u> 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
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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 type="checkbox"/> Yes <input checked="" 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN APPLYING THE BRAKES, THE WHOLE ELECTRICAL SYSTEM SHUTS OFF. THERE IS NO STEERING, NO BRAKES, ETC. THE VEHICLE WAS TAKEN TO A DEALERSHIP TWICE FOR THIS PROBLEM. THE DEALERSHIP IS NOT ABLE TO CORRECT THE PROBLEM. PLEASE PROVIDE ANY FURTHER INFORMATION.

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.

 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		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 RECEIVED 00 JUN 15 AM 11:55 30-MAY-2000 OFFICE OF DEFECTS INVESTIGATION Reference No. 862668				
OWNER INFORMATION (Type or Print) [Redacted]				Work Number Home Number [Redacted]				
Do you authorize [Redacted] of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO in the absence of [Redacted] and address to the vehicle manufacturer.		Signature of Owner [Redacted] Date 6/5/00						
VEHICLE INFORMATION								
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G4CW52K7W4628819		Vehicle Make BUICK	Vehicle Model PARK AVENUE	Vehicle Year 1998	Current Odometer Reading 32810			
Purchase Date 07-01-99	Dealer's Name PAUL STINE INC		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	No Cylinders 6			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City SELINGROVE State PA Zip Code _____		Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other			
<input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	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	<th>FAILED COMPONENT(S)/PART(S) INFORMATION</th>						FAILED COMPONENT(S)/PART(S) INFORMATION
Component 08000000	Part Name(s) ELECTRICAL SYSTEM		Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement				
No of Failures 30-TILL PRESENT	Date(s) of Failure(s) 01-APR-2000 Mileage at Failure(s) 21000 Vehicle Speed at Failure(s) _____		Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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)								
<p> WHEN APPLYING BRAKES ENTIRE ELECTRICAL SYSTEM SHUT OFF. THERE WAS NO STEERING OR BRAKES, ETC. VEHICLE WAS TAKEN TO A DEALERSHIP TWICE FOR THIS PROBLEM. DEALERSHIP WAS NOT ABLE TO CORRECT THE PROBLEM. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK CAR'S ELECT SYSTEM COMPLETELY SHUT OFF 6/5/00 - HAD BUICK DODGE SHAMOKIN PA TEST DRIVE & VERIFY SITUATION - SERIOUS ELECT PROBLEM EXISTS - CANNOT DRIVE CAR - FACTORY REP STILL HAS NOT CONTACTED ME - WHAT IF WARRANTY RUNS OUT AND PROBLEM HAS NOT BEEN CORRECTED OR ADDRESSED? 3YR - 100% WARRANTY BY BUICK. </p>								
CONTINUE ON BACK IF NEEDED								
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