

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 197

Date Received

09-JUN-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

863347

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G48AG55N9T645783	BUICK	CENTURY	1993	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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 type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Inlatch Belt <input checked="" type="checkbox"/> 2-Point Belt	<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 Util Truck Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
13700000 05100000 01300000	STRUCTURE:HOOD ASSEMBLY ENGINE STEERING:POWER ASSIST	<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) _____	Failed Part(s) Available?	NHTSA Previously Contacted?
0	Mileage at Failure(s) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) _____		

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE DRIVING ON HIGHWAY VEHICLE STALLED AND HAD TO BE TOWED. TECHNICIAN OPENED THE HOOD, AND FOUND OUT THAT COVER UNDER THE HOOD (LOOKED LIKE A BLANKET FOR NOISE OR FIRE) HAD FALLEN ON TOP OF ENGINE AND ALMOST CAUGHT ON FIRE. ALSO, NO POWER STEERING. *AK

CONTINUE ON BACK IF NEEDED

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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OWNER INFORMATION (Type or Print)

613482

DEFECTS INVESTIGATION
OFFICE
09 JUN-2000
00 JUL 13 AM 11:38
Date Received
Reference No.

863347

Work No.

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of your signature, please print name and address to the vehicle manufacturer.

Signature of Owner

Date 6/29/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)

1G48AG55N9T645783

BUICK

CENTURY

1993

Vehicle Year

Current Odometer Reading

118,201

Purchase Date

New Used

Dealer's Name

City

State

Zip Code

Engine Size (CID/CC/L)

No. Cylinders 6

Turbo
Diesel
Gas
Fuel Injection

Transmission Type

Manual
 Automatic

Antilock Brakes

Yes
 No

Restraint System

3-Point Belt
 Driver's Airbag
 2-Point Belt
 Motorized
 Passenger's Airbag

Cruise Control

Yes
 No

Drive Train

Front
 Rear
 4-Wheel

Vehicle Type

Car
 Van
 Minivan
 Other
 Sport Ut
 Truck
 Motorcycle

Body Style

2-Door
 4-Door
 Stationwagon
 Pick Up Truck
 Other

Component

13700000
08100000
01300000

Part Name(s)
STRUCTURE:HOOD ASSEMBLY
STEERING:POWER ASSIST

Location

Left
 Right
 Front
 Rear

Failed Part(s)

Original
 Replacement

No of Failures

0

Date(s) of Failure(s)

02-JUN-2000

Message at Failure(s)

117000

Vehicle Speed at Failure(s)

0

Failed Part(s) Available?

Yes No

NHTSA Previously Contacted?

Yes No

Crash

Yes No

Fire

Yes No

Number of Persons Injured

0

Number of Failures

0

Estimated Property Damage

Yes No

Reported to Police

Yes No

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

WHILE DRIVING ON HIGHWAY VEHICLE STALLED AND HAD TO BE TOWED. TECHNICIAN OPENED THE HOOD, AND FOUND OUT THAT COVER UNDER THE HOOD (LOOKED LIKE A BLANKET FOR NOISE OR FIRE) HAD PARTIAL COVERING AND ALMOST CAUGHT ON FIRE. ALSO, NO POWER STEERING. AK, PIECES THAT CAME LOOSE - WANT + DOWN INTO ALTERNATOR, CAUSING IT TO BURN UP. CAR LOST ALL POWER + THE ALTERNATOR BROKE (BE APPLIED)

CONTINUE ON BACK IF NEEDED

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