

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

335

Date Received

21-JUN-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

863937

 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) (located between front fenders or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G4HR54K9YV153395	BUICK	LESABRE	2000	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Vlt ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02000000	Part Name(s) SUSPENSION	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures 0	Date(s) of Failure(s) 17-NOV-1999 Mileage at Failure(s) 10000 Vehicle Speed at Failure(s) 15	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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ON LEFT AND RIGHT TURNS THERE WAS A JERKING SENSATION IN THE WHEEL, LIKE SOMETHING WAS SLIPPING. TOOK VEHICLE TO DEALER, AND THEY REPOSITIONED THE HOSES. THAT DIDN'T DO ANYTHING. CONSUMER FELT THIS WAS UNSAFE WHEN GOING AROUND A RAMP. *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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OFFICE
DEFECTS INVESTIGATION

Od_ar _____
ri_dt _____
od_rt _____
up_htr _____

Reference No

863937

OWNER INFORMATION (Type or Print)

615164

Work Number

Home No

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of _____ name and address to the vehicle manufacturer.

☒ YES ☐ NO

Signature of Owner

Date 7/25/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G4HR54K9YV153395	Vehicle Make BUICK	Vehicle Model LESABRE LTD	Vehicle Year 2000	Current Odometer Reading 14,500
Purchase Date 11/99	Dealers Name WELMEL BUICK INC		Engine Size (CID/CC/IL) 3.8	☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection
☒ New ☐ Used NEW	City SILVERDALE PA		State PA	Zip Code 18360
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 ☐ Van ☐ Minivan ☐ Other		Body Style ☐ Sport Util ☐ Truck ☐ Motorcycle ☒ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02000000	Part Name(s) SUSPENSION	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures 0	Date(s) of Failure(s) 17-NOV-1999	Failed Part(s) Available? ☒ Yes ☐ No	NHTSA Previously Contacted? ☒ Yes ☐ No
Mileage at Failure(s) 13000			
Vehicle Speed at Failure(s) 15			

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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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ON LEFT AND RIGHT TURNS THERE WAS A JERKING SENSATION IN THE WHEEL, LIKE SOMETHING WAS SLIPPING. TOOK VEHICLE TO DEALER, AND THEY REPOSITIONED THE HOSES. THAT DIDN'T DO ANYTHING. CONSUMER FELT THIS WAS UNSAFE WHEN GOING AROUND A RAMP. *AK

Dealer replaced 2 steering arms, also one wheel
Replaced position of 2 steering hoses. Bringing
auto to new dealer to be checked again.
New Recall in the Radio

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