

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

294

Date Received

17-JUL-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

865508

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
1G4NV55D5SC442012	BUICK	SKYLARK	1995	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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	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 type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag	<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 <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt				<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09500000	Part Name(s) COMMUNICATIONS:HORN ASSEMBLY	Location	Failed Part(s)
		<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) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes 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	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				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

INTERMITTENTLY HORN ASSEMBLY BECAME INOPERABLE. DEALER INFORMED OWNER THAT THE HORN ASSEMBLY NEEDS TO BE REPLACED. TO REPAIR THIS DEFECT, THE ENTIRE UNIT WOULD HAVE TO BE REPLACED. MANUFACTURER HAS BEEN NOTIFIED.*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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Vehicle Owner's Questionnaire (VOQ)
 U.S. Department of Transportation
 National Highway Traffic Safety Administration

DEFECTS INVESTIGATION
 Date Received: 07/15/95
 Office: 17-JUL-2000
 Reference No.: 865508

FOR AGENCY-USE ONLY 284

Home Number: [REDACTED]
 Work Number: [REDACTED]

Signature of Owner: [REDACTED]
 Date: 8/15/95

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

In the absence of [REDACTED], provide your name and address to the vehicle manufacturer.

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): [REDACTED] (located at bottom of windshield on driver's side)
 Vehicle Make: BUICK
 Vehicle Model: SKYLARK
 Vehicle Year: 1995
 Current Odometer Reading: 30,278

Purchase Date: July 1995
 New Used

Dealers Name: Wm. Lehmman Buick-21400 Rm. 214
 City: Miami State: FL Zip Code: 33169

Engine Size (CID/COL): 4
 No. Cylinders: 4
 Fuel Injection
 Gas
 Diesel
 Turbo

FAILED COMPONENTS/PART(S) INFORMATION

Transmission Type: Automatic Manual
 Antilock Brakes: Yes No
 Restraint System: Motorbelt 2-Point Belt 3-Point Belt
 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

Part Name(s): COMMUNICATIONS: HORN ASSEMBLY
 Location: Left Right Front Rear
 Original Replacement
 Failed Part(s):

APPLICATION INCIDENT INFORMATION
 (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

No. of Failures: 08500000
 Component: 08500000

Dates of Failure(s) (Compare to Several Months Prior to):
 Mileage at Failure(s): 30
 Vehicle Speed at Failure(s) (V/MPH):

Failed Part(s) Available? Yes No
 NHTSA Previously Contacted? Yes No

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

Crash Yes No
 Fire Yes No
 Number of Persons Injured: N/A
 Number of Fatalities: N/A
 Estimated Property Damage: N/A
 Reported to Police: Yes No

INTERMITTENTLY HORN ASSEMBLY BECAME INOPERABLE. DEALER INFORMED OWNER THAT THE HORN ASSEMBLY NEEDS TO BE REPLACED. TO REPAIR THIS DEFECT, THE ENTIRE UNIT WOULD HAVE TO BE REPLACED. MANUFACTURER HAS BEEN NOTIFIED. AK THIS CONDITION REFERRED TO BUCK DIVISION FORM # COCH341R AS NOTED THIS IS AN INTERMITTENT PROBLEM WHICH I CONSIDER A DESIGN OR ENGINEERING DEFECT. IT SHOULD NOT INVOLVE REPLACING THE COMPLETE AIR BAG ASSEMBLY AT A COST OF OVER \$200. BECAUSE THE HORN CONTACTS ARE AN INTEGRAL PART OF THE AIR BAG COMPONENT, AS THIS IS AN INTERMITTENT OCCURANCE I HOPED DURING THE EXPOSE TO HAVE IT REPAIRED, THERE SHOULD BE A SIMPLE PROCEDURE TO CLEAR OR REPLACE THE CONTACTS ACTIVATING THE HORN.

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