Form Approved: O.M.B. No. 2127-0038

U.S. Department of Transportation
National 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 333	
Date Received 18-JUL-2000	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ up_ltr ____ ____
Reference No. 865601	

[redacted]

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 at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G4NV54U5LM064898	BUICK	SKYLARK	1990	

Purchase Date
☐ New ☒ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) _____
No Cylinders _____
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
01000000	STEERING	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures		Failed Part(s) Available?	NHTSA Previously Contacted?
	Date(s) of Failure(s) 30-MAR-2000 Mileage at Failure(s) 130000 Vehicle Speed at Failure(s) _____	| |Yes | |No	| | 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHILE DRIVING AND MAKING TURNS VEHICLE IS HARD TO STEER. CONTACTED DEALER . STEERING MECHANISM HAS RUSTED AND LOOSENED FROM THE FIREWALLS.*AK

CONTINUE ON BACK IF NEEDED

Form Approved: O M B No. 2127-0008

U.S. Department of Transportation
National 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 333

Date Received: RECEIVED
18-JUL-2000
00 AUG -1 AM 11
OFFICE
DEFECTS INVESTIGATION

Cod_or
rl_dt
pcDR
up_ltr

Reference No.
865601

OWNER INFORMATION (Type or Print)

[redacted] 621283

Work Number

Home Nur [redacted]

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 Own [redacted] Date 7/25/00

VEHICLE INFORMATION

Vehicle Iden. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G4NV54U6LM064898	BUICK	SKYLARK	1990	

Purchase Date
☐ New ☒ Used

Dealer's Name
City State Zip Code

Engine Size (CID/CC/L)
No Cylinders
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengeraide Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4 Wheel	☐ Car ☐ Sport Ut ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
01000000	STEERING	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	30-MAR-2000 / 130000 /	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHILE DRIVING AND MAKING TURNS VEHICLE IS HARD TO STEER. CONTACTED DEALER . STEERING MECHANISM HAS RUSTED AND LOOSENED FROM THE FIREWALLS.*AK

CONTINUE ON BACK IF NEEDED

VISUAL DAMAGE QUOTATION

Automobile SERVICE CO.

FRAME STRAIGHTENING, WHEEL ALIGNMENT
RUSTED FRAME REPAIR and BRAKE SERVICE

5708 WEST 35½ STREET
ST. LOUIS PARK, MINNESOTA 55416
PHONE: (612) 929-0615

ESTIMATE VALID FOR 90 DAYS

Name [redacted] 7-25 19 90

Address _____ License No. _____ Speedometer _____

Phone _____ Make Buick Body Type Skylark Year and Model 90

STR.	REPLACE	PARTS NECESSARY AND ESTIMATE OF LABOR REQUIRED	PARTS COST ESTIMATE	LABOR COST ESTIMATE
		Remove & replace Steering gear.		
		Remove Carpet ect.		500.00
		Build reinforcements at left steering gear mounting area.		

REMARKS	
EST. LABOR	500.00
EST. PARTS	—
EST. SHOP MATERIAL	50.00
EST. SUBLET	—
HAZARDOUS WASTE DISPOSAL	3.00
INSURANCE COMPANY	
TOWING	—
ADDRESS	
DEDUCTIBLE	—
PHONE #	
EST. TAX	—
CLAIM REPRESENTATIVE	
TOTAL ESTIMATE	553.00

The above visable damage quotation does not cover any additional parts or labor which may be required after the work has been started