

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

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Date Received

11-AUG-2000

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up_ltr

Reference No.

867568

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 front of vehicle or on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	BUICK	REGAL	1988	

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	Body Style ☐ Sport Vlt ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05110000	Part Name(s) ENGINE MOUNTS	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No. of Failures	Dates 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING ENGINEMOUNTS BROKE, CAUSING THE ENGINE AND TRANSMISSION TO FALL.
CONSUMER COULD NO LONGER CONTROL STEERING. THE DEALER HAS BEEN CONTACTED.*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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4235 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 255 RECEIVED 00 AUG 30 AM 10:58 17-AUG-2000 OFFICE DEFECTS INVESTIGATION Reference No. 867568 Work Number Home Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		☒ YES ☐ NO	
Signature of Owner _____ Date <u>8/24/00</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
<u>2G4WD14W5J1465166</u>	<u>BUICK</u>	<u>REGAL</u>	<u>1983</u>
Purchase Date <u>2/1997</u>	Dealer's Name _____		Current Odometer Reading <u>140700</u>
☐ New ☒ Used	City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) <u>2.8 L</u>	☐ Turbo Diesel Gas ☒ Fuel Injection
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 ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>05110000</u>	Part Name(s) <u>ENGINE MOUNTS</u>	Location ☐ Left ☐ Right ☒ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures <u>2</u>	Date(s) of Failure(s) <u>7/29/2000</u> Mileage at Failure(s) <u>140700</u> Vehicle Speed at Failure(s) <u>Under 20 mph/hour (in lot)</u>	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	Number of Fatalities
Estimated Property Damage <u>\$ 1000.00</u>		Reported to Police ☒ Yes ☐ No <u>No record</u>	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING ENGINEMOUNTS BROKE, CAUSING THE ENGINE AND TRANSMISSION TO FALL. CONSUMER COULD NO LONGER CONTROL STEERING. THE DEALER HAS BEEN CONTACTED.*AK <i>There were three people in the car. If we had were ^{or} highway, we would have lost life, & would hurt other person. The car stopped on the middle of street over one hour when AAA Tow car got there & one police officer came there. Location was West 25th St. Cleveland.</i>			
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CONTINUE ON BACK IF NEEDED

GEICO

Phone Number: 1-800-841-3000

OHJO
Policy Identification Card

Policy Number	Effective Date	Expiration Date
[REDACTED]	03-22-00	09-22-00
Year/Make/Model/Vehicle Identification Number		
88 BUICK	REGAL LTD	2G4WD14W5J1465166

Insured [REDACTED]

GEICO INDEMNITY COMPANY *

One GEICO Boulevard

Fredericksburg, VA 22412-0003

