

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 156

Date Received

03-OCT-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

872112

 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 windshield on drivers side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
104NV55M6RC303355	BUICK	SKYLARK	1994	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ 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 ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09540000 12110000	Part Name(s) COMMUNICATIONS:HORN ASSEMBLY:WIRE:HORN:FUSIBLE INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 25-SEP-2000 Mileage at Failure(s) 36 Vehicle Speed at Failure(s) _____	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	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING HORN WILL GO OFF UNEXPECTEDLY. HAD TO TAKE FUSE OUT IN ORDER FOR THE HORN TO STOP. DEALER SAID THEY NEED TO REPLACE THE HORN AND AIRBAG SYSTEM IN ORDER TO FIX THE PROBLEM. PLEASE PROVIDE FURTHER INFORMATION.*AK

CONTINUED ON BACK (SEE INSTRUCTIONS)

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.

 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) DOT Auto Safety Hotline 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		OWNER INFORMATION (Type or Print) 643855	
FOR AGENCY USE ONLY 156		Date Received 03-OCT-2008 Reference No. 872112		Work No. [Redacted] Home No. [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO					
Signature of Owner: [Redacted] Date: 10/17/2008					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) 104N55M6RC033355 (Located at bottom of windshield on driver's side)		Vehicle Make BUICK		Vehicle Model SKYLARK	
Vehicle Year 1994		Current Odometer Reading 34K			
Dealer's Name UNKNOW N City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 6 No Cylinders 6 Fuel Injection ☒ Gas ☐ Diesel ☐ Turbo		Transmission Type ☐ Automatic ☐ Manual Antilock Brakes ☒ Yes ☐ No Restraint System ☒ 3-Point Belt ☐ 2-Point Belt ☐ Driver's Side Airbag ☐ Passenger's Side Airbag	
Cruise Control ☒ Yes ☐ No Drive Train ☐ Front ☐ Rear ☐ 4-Wheel		Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other Body Style ☒ 4-Door ☐ 2-Door ☐ Station Wagon ☐ Pick Up Truck ☐ Other		Location ☒ Front ☐ Left ☐ Right ☐ Rear Failed Part(s) ☒ Original ☐ Replacement	
FAILED COMPONENT(S) INFORMATION					
Component 09540400 12110400		Part Name(s) COMMUNICATIONS:HORN ASSEMBLY:WIRE:HORN:FUSIBLE INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG		No of Failures 1 Date(s) of Failure(s) 25-SEP-2000 Mileage at Failure(s) 34K Vehicle Speed at Failure(s) _____	
Failed Part(s) Available? ☒ Yes ☐ No NHTSA Previously Contacted? ☒ Yes ☐ No		(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash ☐ Yes ☒ No Number of Persons Injured _____		Number of Failures _____		Estimated Property Damage _____	
Reported to Police ☒ Yes ☐ No					
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)					
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