

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 137

Date Received

30-OCT-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

874104

 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) (Listed at front of windshield or drivers side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2G4WB52M8T1405934	BUICK	REGAL	1996	

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

Component 12110000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures 0	Date(s) of Failure(s) 30-OCT-2000 Mileage at Failure(s) 47000 Vehicle Speed at Failure(s) 2	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)

WHILE DRIVING AIR BAG LIGHT WILL COME ON UNEXPECTEDLY. DEALER DID NOT KNOW WHAT COULD BE CAUSING THE LIGHT TO COME ON.*AK

CONTINUED ON BACK (REVERSE)

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.

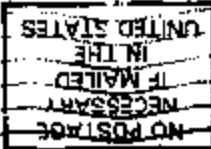
 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 197 DATE RECEIVED: NOV 11 AM 9:13 30-OCT-2000 OFFICE OF DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print) [Redacted] 61642				Reference No. 874104	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of an authorized representative, NHTSA will provide your name and address to the vehicle manufacturer.				Work Number [Redacted] Home Number [Redacted]	
Signature of Owner [Redacted] Date 11/6/00					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2G4WB52M8Y1405934		Vehicle Make BUICK	Vehicle Model REGAL	Vehicle Year 1996	Current Odometer Reading 48061
Purchase Date ☒ New ☒ Used	Dealer's Name <u>Ken Pattick</u> City <u>Vero</u> State <u>FL</u> Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders <u>6</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 Util ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other		Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 12110000	Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG		Location ☐ Left ☐ Right ☒ Front ☐ Rear		Failed Part(s) ☒ Original ☐ Replacement
No of Failures <u>0</u> Numerous	Date(s) of Failure(s) <u>30-OCT-2000</u> Mileage at Failure(s) <u>47000</u> Vehicle Speed at Failure(s) <u>0</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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
WHILE DRIVING AIR BAG LIGHT WILL COME ON UNEXPECTEDLY. DEALER DID NOT KNOW WHAT COULD BE CAUSING THE LIGHT TO COME ON.*AK <i>This has happened many times with longer intervals but recently in the past two weeks more often which makes me very nervous. Called Dealer & Buick Customer Service and was told I was no longer under warranty.</i>					
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 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.					

CONTINUE ON BACK IF NEEDED

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

BUSINESS REPLY MAIL
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U.S. Department of Transportation
National Highway Traffic Safety Administration
400 Seventh St., S.W.
Washington, D.C. 20590
Official Business
Penalty for Private Use \$300

and I would have to pay to have it looked into. I cannot afford to pay for this service especially when it's something I've been afraid off. Being that I'm so short 4'11" that if they did go off I would get hurt. It is making me very nervous. I bought it new and as you can see the mileage is low. my husband has been unable to drive since 1984 so I have to do all the driving and we don't go far.

FOLD TO SHOW RETURN ADDRESS (NO STAMP NEEDED) FASTEN WITH TAPE OR STAPLE AND MAIL									
INFORMATION ON THE FAILURE(S) IF APPLICABLE									
TIRE IDENTIFICATION NO.									
MANUFACTURER/TIRE NAME									
SIZE									
The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.									
NARRATIVE DESCRIPTION (CONTINUED)									