

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 118

Date Received

06-NOV-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

874463

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>(Listed at top of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G4BR82P75R412580	BUICK	ROADMASTER	1995	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<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 Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13100000	Par. Name(s) STRUCTURE:FRAME:MEMBERS AND BODY	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) 01-NOV-2000 Mileage at Failure(s) 102000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN SLOWING DOWN TO MAKE A TURN DRIVER HEARD A NOISE. DRIVER DROVE A COUPLE OF MILES AFTERWARDS, AND VEHICLE BEGAN TO STEER TO RIGHT ON ITS OWN. OWNER BECAME CONCERNED AND LOOKED UNDER VEHICLE, AND NOTICED BOLT ON A FRAME WAS TOTALLY MISSING. PROBLEM WAS REPORTED TO DEALERSHIP. OWNER WAS REFERRED TO GMC DIVISION. PROBLEM WAS CORRECTED BY AN ALIGNMENT SHOP. PLEASE PROVIDE ANY FURTHER INFORMATION. AK

CONTINUED ON BACK PLEASE

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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U.S. Department of Transportation
 National Highway Traffic Safety Administration

OWNER INFORMATION (Type or Print)

653701

Work Number
 Home Number

Reference No. 874463

Date Rec'd
 Date Rec'd
 Date Rec'd
 Date Rec'd

118

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

VEHICLE INFORMATION

Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side) 1G4BR22P75R412580
 Vehicle Make BUICK
 Vehicle Model ROADMASTER
 Vehicle Year 1995
 Current Odometer Reading 104258

Purchase Date _____
 Dealer's Name David Taylor
 City Houston TX
 State TX
 Zip Code _____
 Engine Size 5.7L
 (CID/CYL) _____
 No Cylinders V8
 Fuel Injection Turbo Diesel Gas

Transmission Type Automatic Manual
 Anti-lock 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 Station Wagon
 Body Style 2-Door 4-Door Station Wagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION
 Component 13100000
 Part Name(s) STRUCTURE-FRAME: MEMBERS AND BODY
 Location Left Right Rear
 Failed Part(s) Original Replacement

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 _____
 Date(s) of Failure(s) 01-NOV-2000
 Mileage at Failure(s) 10200
 Vehicle Speed at Failure(s) 20MPH
 Failed Part(s) Available? Yes No
 NHTSA Previously Contacted? Yes No
 Part Name(s) _____
 Location Left Right Rear
 Failed Part(s) Original Replacement

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
 WHEN BLOWING DOWN TO MAKE A TURN DRIVER HEARD A NOISE. DRIVER DROVE A COUPLE OF MILES AFTERWARDS, AND VEHICLE BEGAN TO STEER TO RIGHT ON ITS OWN. OWNER BECAME CONCERNED AND LOOKED UNDER VEHICLE, AND NOTICED BOLT ON A FRAME WAS TOTALLY MISSING. PROBLEM WAS REPORTED TO DEALERSHIP. OWNER WAS REFERRED TO GMC DIVISION. PROBLEM WAS CORRECTED BY AN ALIGNMENT SHOP. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK
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