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 197

Date Received: 20-DEC-2000

Od_or
rt_dt
od_rt
up_ltr

Reference No.: 876817

OWNER INFORMATION (Type or Print)

[redacted]

Work Number: [redacted]
Home Number

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 Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1G4HR54K3YU295595	BUICK	LESABRE	2000	

Purchase Date
☐ New ☒ Used

Dealer's Name____
City_____ State_____ Zip Code_____

Engine Siz (CID/CC/L ____
No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Origina ☐ Replacement

No of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
0	17-DEC-2000 Mileage at Failure(s) 5000 Vehicle Speed at Failure(s) 30	☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☒ No	2	0		☐ Yes ☒ No

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

WHILE DRIVING ABOUT 30 MPH AND CROSSING A STREET VEHICLE WAS IMPACTED ON PASSENGER'S SIDE BY ANOTHER VEHICLE. UPON IMPACT, AIR BAGS DID NOT DEPLOY. *AK

CONTINUE ON BACK IF NEEDED

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FOR AGENCY USE ONLY 197

Date Received: FEB -2 AM 9:1
20-DEC-2000
OFFICE OF DEFECTS INVESTIGATION

Od_or ____
rt_dt ____
od_rt ____
op_ltr ____

Reference No.
576817

OWNER INFORMATION (Type or Print)

[redacted] 562613

Work Num [redacted]
Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence [redacted] NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Ow [redacted] Date 1/12/2001

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G4HR54K3YU296596	BUICK	LESABRE	2000	

Purchase Date: 7/28/2000 ☐ New ☒ Used
Dealer's Name: Randy Reed Buick Inc.
City: Kansas city State: MO Zip Code: 64155
Engine Size (CID/CC/L): 3800 No Cylinders: 6
☐ 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 ☒ Passengerside 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)
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	☐ 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?
0	17-DEC-2000 / 5900 / 30	☒ 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	2	0	$10,000	☒ Yes ☒ No

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

WHILE DRIVING ABOUT 30 MPH AND CROSSING A STREET VEHICLE WAS IMPACTED ON PASSENGER'S SIDE BY ANOTHER VEHICLE. UPON IMPACT, AIR BAGS DID NOT DEPLOY. "AK

Passenger Side Air bag that is located in the seat did not deploy. I would say the impact was severe enough that the side air bag should have deployed. Most of impact occurred on the front passenger door. The B pillar is severly damage and pushed up against the front seat.

CONTINUE ON BACK IF NEEDED