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 160

Date Received: 05-JAN-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 877511

Work Number

Home Number [redacted]

OWNER INFORMATION (Type or Print)

[redacted] 64863

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
1G4HR52L1RH472327	BUICK	LESABRE	1994	

Purchase Date: ☐ New ☒ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Siz (CID/CC/L ____
No Cylinders _____
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectic

Transmission Type: ☐ Manual ☐ Automatic

Antilock Brakes: ☒ Yes ☐ No

Restraint System: ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag

Cruiss Contro: ☒ Yes ☐ No

Drive Trai: ☐ Front ☐ Rear ☐ 4-Wheel

Vehicle Type: ☐ Car ☐ Sport Uit ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____

Body Style: ☐ 2 Door ☐ 4 Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 08210000

Part Name(s): ELECTRICAL SYSTEM:ALTERNATOR:GENERATOR

Location: ☐ Left ☐ Right ☐ Front ☐ Rear

Failed Part(s): ☐ Original ☐ Replacement

No of Failures: 2

Date(s) of Failure(s) _____
Mileage at Failure(s) _____
Vehicle Speed at Failure(s) _____

Failed Part(s): ☐ Yes ☐ No

NHTSA Previously: ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION
(Please describe in detail the incident(s), Fa lure(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				☐ Yes ☒ No

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

ALTERNATOR PREMATURELY FAILED TWICE WITHOUT WARNING, CAUSE IS UNKNOWN. PLEASE PROVIDE FURTHER INFORMATION. *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 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.