

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 241

Date Received

10-JAN-2001

Od_or
rt_dt
od_rt
up_itr

Reference No.

877906

Work Number

Home Number

OWNER INFORMATION (Type or Print)

688035

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 Make

Vehicle Model

Vehicle Year

Current Odometer Reading

PLEASE FILL IN

BUICK

LESABRE

2000

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

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☒ Yes☒ 3-Point Belt☐ Motorbelt☐ Yes☐ Front☐ Sport Util☐ 2-Door☐ Automatic☐ No☐ Driverside Airbag☐ 2-Point Belt☒ No☐ Rear☐ Van☐ Truck☐ 4-Door☐ Passengerside Airbag☐ Minivan☐ Motorcycle☐ Stationwagon☐ Other _____☐ Pick Up☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
06420000

Part Name(s)

FUEL:THROTTLE LINKAGES:ACCELERATOR:RIGID

Location

☐ Left☐ Right☐ Front☐ Rear

Failed Part(s)

☐ Original☐ Replacement

No of Failures

4

Date(s) of Failure(s) 15-OCT-2000

Mileage at Failure(s) 6000

Vehicle Speed at Failure(s)

Failed

Part(s)

☐ Yes☐ No

NHTSA

Previous y

☐ 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 Fatality

Estimated Property Damage

Reported to Police

☐ Yes☒ No☐ Yes☒ No☐ Yes☒ No

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

ON FOUR OCCASIONS VEHICLE EXPERIENCED SUDDEN ACCELERATION WHILE AT A STOP
POSITION WAITING AT A STOP LIGHT. VEHICLE BEEN IN / OUT OF DEALER SHOP ON FOUR
OCCASIONS, AND THEY WERE UNABLE TO DUPLICATE PROBLEM. PLEASE FEEL FREE TO
PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *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 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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666035

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DEFECTS INVESTIGATION OFFICE

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO

In the absence of an authorized signature, your name and address to the vehicle manufacturer.
 Signature of Owner: [Redacted] Date: 01/25/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1G4HP5K49Y4153029

Vehicle Make BUICK

Vehicle Model LESABRE

Vehicle Year 2000

Current Odometer Reading 6,600

Purchase Date Sept. 2000

☒ New ☐ Used

Dealer Name John Bailey

City Buford

State GA

Zip code

Antilock Brakes ☒ Yes ☐ No

Restraint System

3-Point Belt ☒ Yes ☐ No

2-Point Belt ☐ Motorcyclist

Passenger-side Airbag ☒ Yes ☐ No

Drive Train

Front ☐ Rear ☐ 4-wheel ☐

Vehicle Type

☒ Car ☐ Van ☐ Minivan ☐ Other ☐

Motorcycle ☐

Sport Utility ☐

Truck ☐

Station Wagon ☐

2-Door ☐

4-Door ☐

Pick Up Truck ☐

Other ☐

Component 06420000

FUEL-THROTTLE LINKAGES-ACCELERATOR-RIGID

Location

Front ☐ Left ☐ Right ☐

Failed Part(s)

Original ☐ Replacement ☐

No of Failures

Date(s) of Failure(s) 15-OCT-2000 - First time

Mileage at Failure(s) 3500

Vehicle Speed at Failure(s) Stopped but in gear

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

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

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