



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 335

Date Received

22-JAN-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_lfr _____

Reference No.

878682

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>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G4CW52K9W4660543	BUICK	PARK AVENUE	1998	

Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02432000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN T	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 0	Date(s) of Failure(s) 08-JAN-2000 Mileage at Failure(s) 32618 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	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)

WHILE DRIVING AT 10MPH AND PREPARING TO MAKE A TURN CAR MADE A GRINDING NOISE AND COLLAPSED, WHEEL ASSEMBLY WAS DISENGAGED AND LEFT BALL JOINT CAME OFF.*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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 335</p>	
		<p>Date Received 01 FEB -6 8:00 AM</p> <p>22-JAN-2001 DEFECTS INVESTIGATION</p>	<p>Col on rt dt od rt wg #</p> <p>Reference No. 878682</p>
<p>OWNER INFORMATION (Type or Print)</p>		<p>Work Number</p>	<p>Home Number</p>

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 1/19/01

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G4CW52K9W4660543	BUICK	PARK AVENUE	1998			
Purchase Date 8/31/98	Dealer's Name RALPH BUICK DELRAY BEACH		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City DELRAY BEACH	State FL	Zip Code 33483	No. Cylinders 6		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input checked="" 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 02132000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:UNKNOWN T	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 0	Date(s) of Failure(s) 08 JAN 2000	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mileage at Failure(s) 32816			
Vehicle Speed at Failure(s) 0			

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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
<p>WHILE DRIVING AT 10MPH AND PREPARING TO MAKE A TURN CAR MADE A GRINDING NOISE AND COLLAPSED, WHEEL ASSEMBLY WAS DISENGAGED AND LEFT BALL JOINT CAME OFF. AK</p>

CONTINUE ON BACK IF NEEDED

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RALPH BUICK, INC.
MV-08852



2501 SOUTH FEDERAL HIGHWAY • DELRAY BEACH, FLORIDA 33483-3297
DELRAY 378-3292 • BROWARD 428-3741 • PALM BEACH 732-8823

Goodwrench Service Plus

Palm Beach County's Oldest Buick Dealership

CUSTOMER NO 39981	ADVISOR THOMAS W MITCHELL	TAG NO. 208 2195	SAVICE DATE 01/08/01	INVOICE NO BUCS164615
	LABOR RATE	LICENSE NO.	MILEAGE 32,618	COLOR SANTA FE RE
	YEAR / MAKE / MODEL 98/BUICK/PARK AVENUE/4 DOOR SEDAN		DELIVERY DATE 08/31/98	DELIVERY MILES 40
	VEHICLE I.D. NO. 1 G 4 C W 5 2 K 9 W 4 6 6 0 5 4 3		BELLING DEALER NO. 39205	PRODUCTION DATE
	F.T.F. NO.	P.O. NO.	R.O. DATE 01/02/01	
COMMENTS				MO: 32618

JOB# 1 CHARGES

LABOR
J# 1 06BUZZ1 **LOOSE COMPONENTS** TECH(S): 472 **INTERNAL**
CUST SAYS THE FRONT WHEEL IS LOOSE
WE FOUND THAT THE NUT ON THE LT. BALL JOINT CAME OFF
AND CAUSED THE WHEEL ASSBY TO BECOME DISINGUAGED.
WAS NECESSARY TO REATTACH THE C.V JOINT AND BOOT, REATTACH
THE BALL JOINT AND ALLIGN THE CAR.
CAR WAS SENT TO THE BODY SHOP FOR THE REST OF THE REPAIR.

INSTALLED INNER CV BOOT ON LEFT FRONT

PARTS	QTY	FP-NUMBER	DESCRIPTION	UNIT PRICE	
	1	25632305	NUT 6.174		INTERNAL
	1	26044386	*BOOT KIT, 6.061		INTERNAL
				TOTAL - PARTS	0.00

SUBLET
PO# 59277 VENDOR INV# 929236 INV. DATE 01/08/01 DESCRIPTION RENTAL CAR
TOTAL - SUBLET INTERNAL 0.00

JOB# 1 TOTALS
JOB# 1 JOURNAL PREFIX BUCS JOB# 1 TOTAL 0.00

HOURS OF OPERATION
MONDAY - FRIDAY
8:00 A.M. to 5:00 P.M.

WE OFFER:

- Valet Service
- Shuttle Service
- Low Cost Rentals
- We Gladly Accept:
 - Mastercard
 - Visa
 - Discover Card
 - American Express
 - Diner's Club
 - Carte Blanche
 - GMPP Card
 - Checks
 - Cash

JOB# 2 CHARGES

LABOR
J# 2 06BUZZ2 **REPAIR BODY DAMAGE BY LEFT FRONT WHEEL AREA** TECH(S): 018, 285 **INTERNAL**
REPAIRED BODY DAMAGE

G.O.G. & SUPPLIES
I.O PAINT AND MATERAIL @ /UNIT TOTAL - GOG INTERNAL 0.00

JOB# 2 TOTALS
JOB# 2 JOURNAL PREFIX BUCS JOB# 2 TOTAL 0.00



DROP OFF SERVICE AVAILABLE

PARTS DESIGNATED WITH AN ASTERISK (*) INDICATE A LIFETIME WARRANTY FOR AS LONG AS YOU OWN YOUR VEHICLE. THIS APPLIES ONLY FOR CUSTOMER PAID REPAIRS.

JOB# 3 CHARGES

LABOR
J# 3 06BUZZ3 **PERFORM 4 WHEEL/THRUST ANGLE ALIGNMENT (F7)** TECH(S): 472 **INTERNAL**
CUSTOMER STATES: PERFORM 4 WHEEL/THRUST ANGLE ALIGNMENT (F7)
SERVICE INCLUDES: CHECK & SET ALL ADJUSTABLE SPECIFICATIONS.
INCLUDES RESET OF "CHECK TIRE PRESSURE" LAMP OR DRIVER'S
INFORMATION CENTER IF EQUIPPED.
PERFORM ALIGNMENT & INSPECT AS ABOVE. ROAD TEST VEHICLE.
TECHNICIAN TO NOTE &/OR ATTACH FINDINGS BELOW.

JOB# 3 TOTALS
JOB# 3 JOURNAL PREFIX BUCS JOB# 3 TOTAL 0.00

Thank You For Your Business