



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

436

Date Received

23-JAN-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
ip\_ltr \_\_\_\_\_

Reference No.

876786

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)<br><small>(Located at bottom of<br/>windshield on driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 2G4WS52J6Y1325903                                                                                 | BUICK        | CENTURY       | 2000         |                          |

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

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                                                           |                                                                                                                                          |                                                                                             |
|-----------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>12250000 | Part Name(s)<br>INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES                           | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures       | Date(s) of Failure(s) 23-JAN-2000<br>Mileage at Failure(s)<br>Vehicle Speed at Failure(s) | Failed Part(s)<br>Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                 | NHTSA Previously<br>Contacted?<br><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<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-----------------------------------------------------------------------------------------------|

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

NHTSA RECALL 00V228003/ MANUFACTURER'S RECALL 00067/SEAT BELT BUCKLES. VYLETTEL  
BUICK IN STERLING HEIGHTS ISN'T ORDERING PARTS UNTIL THEY CAN SEE IF ORDER NUMBER ON  
BUCKLE IS RECALLED. CONSUMER FEELS IT IS INCONVENIENT TO COME BACK TWO WEEKS LATER  
WHEN THEY SHOULD HAVE THEM ALREADY ORDERED. \*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.

|                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
|  <b>U.S. Department of Transportation</b><br><b>National Highway Traffic Safety Administration</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br><b>NATIONWIDE 1-888-DASH-2-DOT</b><br><b>1-888-327-4238</b><br><b>www.nhtsa.dot.gov/hotline</b> |                                                                                                                                                                                     | <b>FOR AGENCY USE ONLY</b><br>Date Received _____<br>01 FEB - 2 411 18<br>23-JAN-2001<br>DEFECTS INVESTIGATION<br>876788<br>Work Number _____<br>Home _____                                                                                                                                                                                                                                                                                                                 |                                                                                       |
| <b>OWNER INFORMATION (Type or Print)</b><br>666604                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                     | Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.                                                                                                                                                                                             |                                                                                       |
| <b>Signature of Owner</b> _____ Date _____                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br>2G4WS62J5E1328903                                                                                                                                                                                                                                         | Vehicle Make<br>BUICK                                                                                                                                                               | Vehicle Model<br>CENTURY                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Vehicle Year<br>2000                                                                  |
| Current Odometer Reading<br>9400                                                                                                                                                                                                                                                                                                         | Engine Size 3.1<br>No Cylinders 6<br>Fuel Injection <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Turbo <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |
| Transmission Type<br><input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual                                                                                                                                                                                                                                       | Antilock Brakes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                              | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger-side Airbag                                                                                                                                                                                                                                                                                | Cruise Control<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Drive Train<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel                                                                                                                                                                                                                  | Vehicle Type<br><input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other                                | Body Style<br><input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other                                                                                                                                                                                                                                                                        | <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                        |
| <b>Component</b> 12389000 <b>Part Name(s)</b> INTERIOR SYSTEMS: ACTIVE RESTRAINTS: SEAT BELT BUCKLES                                                                                                                                                                                                                                     |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |
| Location<br><input type="checkbox"/> Front <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Rear                                                                                                                                                                                                    | Failed Part(s)<br><input type="checkbox"/> Original <input type="checkbox"/> Replacement                                                                                            | <b>APPLICATION INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)<br>No of Failures UNKNOWN<br>Date(s) of Failure(s) 22 JAN 2000 Roadside Recall<br>Mileage at Failure(s) 100000<br>Vehicle Speed at Failure(s) 40 mph<br>Available? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                       |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b><br>NHTSA RECALL 00V228003/ MANUFACTURER'S RECALL 00067/SEAT BELT BUCKLES. VLTTEL ON BUCKLE IS RECALLED. CONSUMER FEELS IT IS INCONVENIENT TO COME BACK TWO WEEKS LATER WHEN THEY SHOULD HAVE THEM ALREADY ORDERED. *AK                                              |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |
| 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 Failures _____                                                              |
| Estimated Property Damage _____                                                                                                                                                                                                                                                                                                          | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                              | 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.

|                                                                                                                                                                                                                            |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------|------|
| Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail                                                                                                                                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |      |
| INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)                                                                                                                                                                             |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |      |
| TIRE IDENTIFICATION NO.*                                                                                                                                                                                                   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |      |
| D                                                                                                                                                                                                                          | O | T |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | MANUFACTURER/TIRE NAME | SIZE |
| <p>* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.</p> |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |      |
| NARRATIVE DESCRIPTION (CONTINUED)                                                                                                                                                                                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |      |

|                          |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                        |      |
|--------------------------|---|---|--|--|--|--|--|--|--|--|--|--|--|--|------------------------|------|
| TIRE IDENTIFICATION NO.* |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                        |      |
| D                        | O | T |  |  |  |  |  |  |  |  |  |  |  |  | MANUFACTURER/TIRE NAME | SIZE |

DOT

**SIZE****NARRATIVE DESCRIPTION (CONTINUED)**

1st call to Batter Service Dept to get Appointment due to recall letter - Service Recall Nothing about it, no numbers etc told to call back in week or two.

2nd call to Mfg Trouble Number - They called Service Manager while I held on line, I was told The dealer service manager had told the call to tell me to bring car in and if they needed to order parts they would.

My Part being that there was a recall letter stating that the dealer was ready to service car they had parts and information to make certain seat belt was certified safe, he wanted there should be NO Reason for Two Trips to Dealer.

\* U.S. G.P.O. 1985-525-677 / 100000

**THE**

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NECESSARY  
IF MAILED  
IN THE  
UNITED STATES**

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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
**Information Management Staff NSA-10.01**  
400 7th Street, SW  
Washington, DC 20590

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