



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 §20

Date Received

16-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

883259

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) (Location at bottom of windshield and driver's side door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
FILL IN	BUICK	REGAL	1995	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____	☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type	Body Style			
☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____			

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 01-MAR-2000 70000 Mileage at Failure(s)	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER TOOK VEHICLE TO DEALER FOR RECALL NOTICE 00V171000 REPAIRS REGARDING AIRBAG FAILURE. DEALERSHIP INFORMED HER THAT PARTS WERE UNAVAILABLE ,AND HAS YET TO HEAR ANYTHING FROM THEM REGARDING REPAIRS. PLEASE PROVIDE ANY ADDITIONAL INFORMATION.*AK

COPIES OF THIS FORM ARE:

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.

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 920

Date Received

16-MAR-2001

Od. or
1.1.1
at 1.1.1
up 1.1.1

Reference No.

883259

OWNER INFORMATION (Type or Print)

0798

Work

Home

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 1/1/

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of
windshield on driver's side)

Vehicle Make

Vehicle Model

Vehicle Year

Current Odometer Reading

BUICK

REGAL

1995

80,395

Purchase Date

11/12/94

Dealer's Name Douglas Motors

Engine Size
(CID/CC/L)☐ Turbo
☐ Diesel
☒ Gas
☐ Fuel Injection☒ New ☐ Used

City Summit State NJ Zip Code 07901

No Cylinders 6

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

12111000

Part Name(s)

INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT

Location

☒ Left☐ Right☒ Front☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No. of Failures

Date(s) of Failure(s) 01 MAR 2000

Mileage at Failure(s) 70000

Vehicle Speed at Failure(s) Buick letter (see attached)

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

Fire

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

Reported to Police

☐ Yes☒ No☐ Yes☒ No☐ Yes☒ No

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

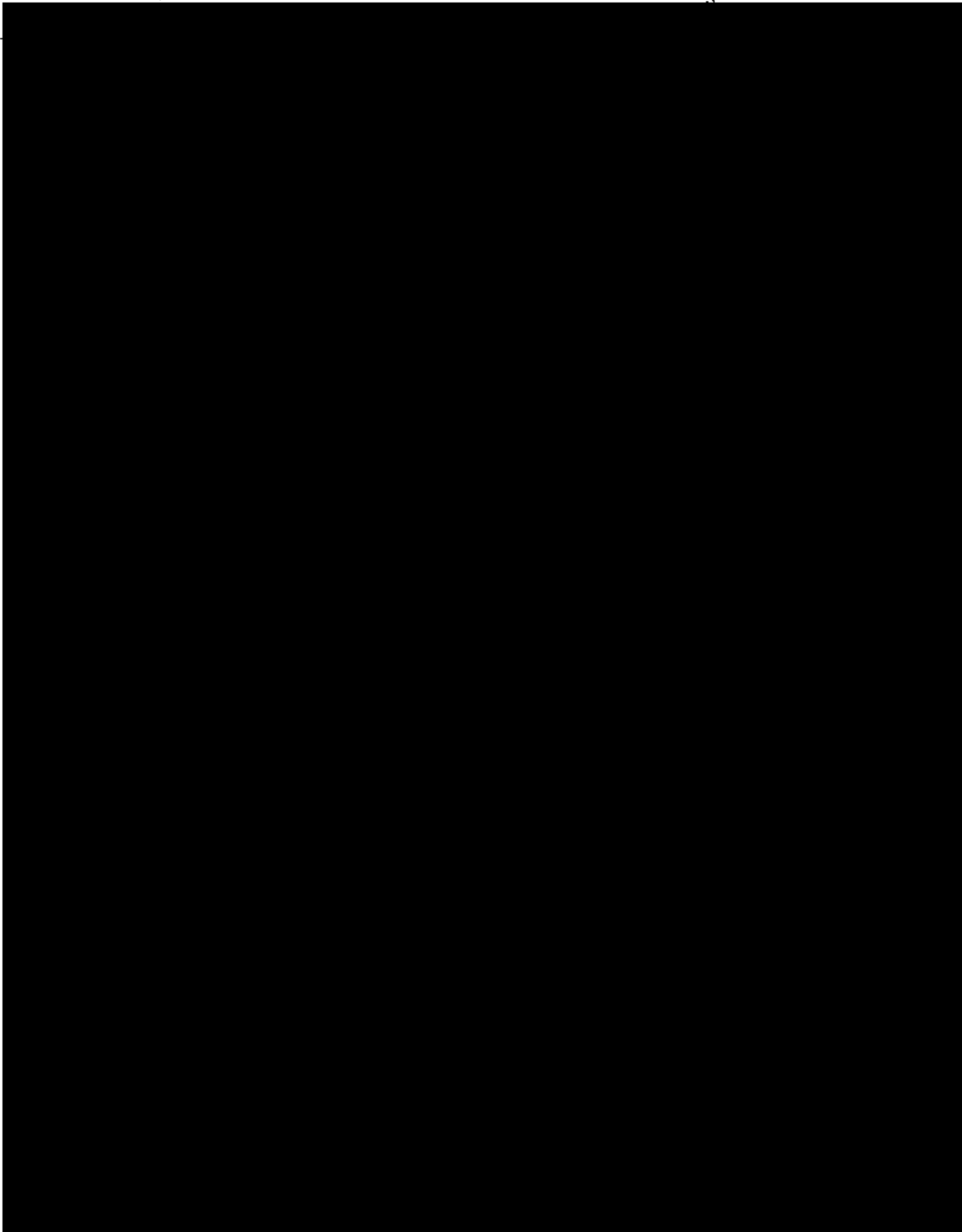
CONSUMER TOOK VEHICLE TO DEALER FOR RECALL NOTICE 00V171000 REPAIRS REGARDING AIRBAG FAILURE. DEALERSHIP INFORMED HER THAT PARTS WERE UNAVAILABLE, AND HAS YET TO HEAR ANYTHING FROM THEM REGARDING REPAIRS. PLEASE PROVIDE ANY ADDITIONAL INFORMATION.*AK 4/10/01 Douglas finally replaced air bag! (see attached.)

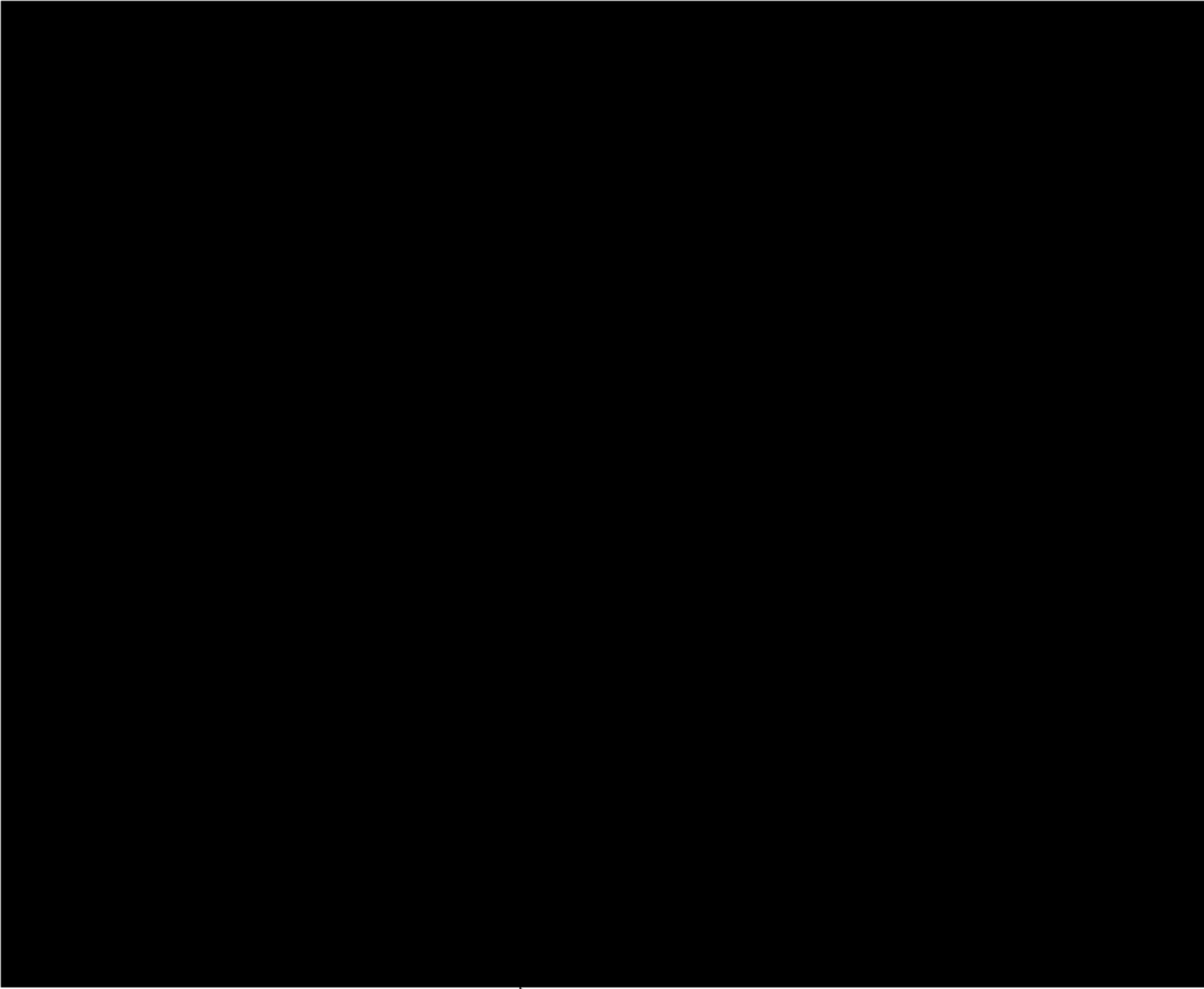
CONTINUE ON BACK IF NEEDED

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THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 1 through Page 6)





received

