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 284

Date Received: 28-MAR-2001

Od_or
rt_dt
od_rt
np_ltr

Reference No.: 884465

[redacted]

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 of number and check digit)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1G4HP54K9YU159641	BUICK	LESABRE	2000	

Purchase Dat			
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
06310000 05101000	FUEL:FUEL INJECTION:UNKNOWN TYPE ENGINE:DIESEL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)_____9_____ Mileage at Failure(s)_____	Failed Part(s)	NHTSA Previously
		☐ Yes ☐ No	☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

INTERMITTENTLY VEHICLE WILL STALL AND DIE WITHOUT WARNING. DEALER HAS REPLACED FUEL PRESSURE REGULATOR DUE TO A LEAK; HOWEVER PROBLEM HAS REOCCURRED. *AK

CONTINUED ON REVERSE

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Purchase Dat			
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
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No of Failure	Date(s) of Failure(s)_____9_____ Mileage at Failure(s)_____	Failed Part(s)	NHTSA Previously
		☐ Yes ☐ No	☐ 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)

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☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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CONTINUED ON REVERSE

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 284

Date Received: 28-MAR-2001

Od_or
rt_dt
od_rt
up_ltr

Reference No. 884465

OWNER INFORMATION (Type or Print)

[redacted] 683303

Work Numb
Home Numb [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an a[redacted]d address to the vehicle manufacturer.

Signature of Owner [redacted] Date 4/11/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of [redacted]on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
[redacted]	BUICK	LESABRE	2000	9700

Purchase Date 10/15/99 ☒ New ☐ Used

Dealer's Name GROSSINGER

City LINCOLNWOOD State ____ Zip Code ____

Engine Size (CID/CC/L) ____ No Cylinders 6

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☒ Rear ☐ 4-Wheel	☒ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other ____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other ____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06310000 05191000	FUEL:FUEL INJECTION:UNKNOWN TYPE ENGINE:DIESEL	☐ Left ☐ Right ☐ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures 5 + 3 = 8

Date(s) of Failure(s) DEC. 2000 AND MARCH 2001
Mileage at Failure(s) 8 8650 AND 9450
Vehicle Speed at Failure(s) VARIOUS APPROX. 25 TO 40 MPH

Failed Part(s) Available? ☐ Yes ☒ No

NHTSA Previously Contacted? ☐ Yes ☒ No

APPLICATION INCIDENT INFORMATION

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Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	NONE	NONE	NONE	☐ Yes ☒ No

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

INTERMITTENTLY VEHICLE WILL STALL AND DIE WITHOUT WARNING. DEALER HAS REPLACED FUEL PRESSURE REGULATOR DUE TO A LEAK; HOWEVER PROBLEM HAS REOCCURRED. *AK

FIRST SERIES OF TIMES VEHICLE STALLED DEALER FOUND LEAKING PRESSURE REGULATOR.
SECOND TIME (3 TIMES) VEHICLE STALLED DEALER COULD NOT FIND MALFUNCTIONING PART.

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