



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>

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Date Received

30-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

884668

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)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2G4WB52JXW1606947		BUICK	REGAL	1998	
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
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
		☐ Motorbelt ☐ 2-Point Bel			☐ Sport Utl ☐ Truck ☐ Motorcycle ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01300000	Part Name(s) STEERING POWER ASSIST	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 0	Date(s) of Failure(s) 27-FEB-2001 Failure(s) 49000 Mileage at Failure(s) 0	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 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

STEERING WHEEL WOULD NOT TURN IN LEFT DIRECTION, AND IT WAS POWER STEERING. *AK

COPIES OF REPORTS - FREE -

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 Transportation
National Highway Traffic Safety Administration
Vehicle Owner's Questionnaire (VOQ)
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

683807

Work Number
Home Number

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

Signature of _____
In the absence of your name and address to the vehicle manufacturer.

Date 4/8/01

VEHICLE INFORMATION

Vehicle Make BUICK Vehicle Model REGAL Vehicle Year 1998 Current Odometer Reading 51400

Purchase Date 10-16-98
☐ New ☒ Used

Dealer's Name Bob Tolkan
City Milwaukee, WI Zip Code 53231

Engine Size (CID/CCL) No Cylinders 6
Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01380000 Part Name(s) STEERING:POWER ASSIST
Location Front ☐ Left ☐ Right ☐ Rear ☐
Failed Part(s) Original ☒ Replacement ☐

No of Failures 0
Date(s) of Failure(s) 27-FEB-2001
Mileage at Failure(s) 48000
Vehicle Speed at Failure(s) 0
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 0
Number of Fatalities 0
Estimated Property Damage None
Reported to Police Yes ☐ No ☒

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

STEERING WHEEL WOULD NOT TURN IN LEFT DIRECTION, AND IT WAS POWER STEERING. *AK
unable to turn vehicle at slow speeds
in a left-hand direction. Externally
disagreed to open vehicle voluntarily

CONTINUE ON BACK IF NEEDED

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Date Received 30-MAR-2001
Reference No. 884666