Form Approved: OMB No. 2127-0042

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	920
Date Received: 10-APR-2001	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ op_ltr ____ ____
	Reference No.: 885524

[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
1G4HR54K2YU109772	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 Ult ☐ 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)
06300000 07300000	FUEL:FUEL INJECTION SYSTEM POWER TRAIN:TRANSMISSION:AUTOMATIC	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
	01-AUG-1999 1729		☐ 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)

FUEL TANK AND SENDING LINES NEED TO BE REPLACED DUE TO O-RINGS IMPROPERLY FITTED ON FUEL PUMP. IN JULY 2000, VEHICLE WAS MAKING A KNOCKING NOISE WHEN TURNING OR GOING OVER A BUMP. FRONT/REAR TRANSMISSION MOUNTS WERE DEFECTIVE COMPONENTS. DEALERSHIP PUT A SEALER ON THIS, BUT IT FAILED TO CORRECT DEFECT. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

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 920

Date Received: 10-APR-2001

Od_or ___ rt_dt ___ od_rt ___ up_ltr ___

Reference No. 885524

OWNER INFORMATION (Type or Print)

[redacted] 685658

Work Number
Home N[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 4/16/2001

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
[redacted]	BUICK	LESABRE	2000	25,900

Purchase Date: 7/2/99 [X] New [ ] Used

Dealer's Name: BOYLE BUICK
City: ABINGDON State: MD Zip Code: 21009

Engine Size (CID/CC/L): 3.8
No Cylinders: 6

[ ] Turbo [ ] Diesel [ ] Gas [X] Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06300000 07300000	FUEL:FUEL INJECTION SYSTEM POWER TRAIN:TRANSMISSION:AUTOMATIC	[ ] Left [ ] Right [ ] Front [ ] Rear	[X] Original [ ] Replacement

No of Failures:

Date(s) of Failure(s): 01 AUG 1999
Mileage at Failure(s): 1729
Vehicle Speed at Failure(s):

Failed Part(s) Available? [ ] Yes [X] No
NHTSA Previously Contacted? [ ] Yes [X] 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 [X] No	[ ] Yes [X] No				[ ] Yes [X] No

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

FUEL TANK AND SENDING LINES NEED TO BE REPLACED DUE TO O-RINGS IMPROPERLY FITTED ON FUEL PUMP. IN JULY 2000, VEHICLE WAS MAKING A KNOCKING NOISE WHEN TURNING OR GOING OVER A BUMP. FRONT/REAR TRANSMISSION MOUNTS WERE DEFECTIVE COMPONENTS. DEALERSHIP PUT A SEALER ON THIS, BUT FAILED TO CORRECT DEFECT. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

Vehicle being ... Baltimore MD 21206 — Boyle Buick has replaced ... transmission ... on 4/4/01 ... mileage

OVER

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.*	MANUFACTURER/TIRE NAME	SIZE
D O T		

* 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.

NARRATIVE DESCRIPTION (CONTINUED)

BOYLE BUICK REPLACED PRESSURE & RETURN POWER STEERING LINES & RIVETS DRILLED OUT AND REPLACED GASKET TO CATALYTIC CONVERTER ON 7/15/01 28243 MILEAGE

HEATED SEAT DRIVERS SIDE REPLACED SWITCH AND SEAT COVERS AS ELECTRIC GRID IN SEAT BOTTOM AND BACK WERE DEFECTIVE

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

BALTIMORE MD 212 PM 16 APR 2001

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BUSINESS REPLY MAIL

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POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

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