



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

26-APR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

886859

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
2G4WB55L3R1422393		BUICK	REGAL	1994	
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 Belt			☐ Sport Utl ☐ Truck ☐ Motorcycle ☐ Other _____
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08210000	Part Name(s) ELECTRICAL SYSTEM:ALTERNATOR:GENERATOR	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 06-MAR-1998 81300 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 Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ALTERNATOR FAILED DURING NORMAL OPERATION. ALTERNATOR HAS BEEN REPLACED/WORKED ON THREE TIMES BECAUSE IT WAS HEATING UP DUE TO ITS LOCATION. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*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 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

26-APR-2003

 Od_or
rt_dt
nd_dt
up_tr

Reference No.

886859

OWNER INFORMATION (Type or Print)

688842

Work N

Home N

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 05/24/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2G4WB55L3R1422393	BUICK	REGAL	1994	83,380
Purchase Date 07-03-94	Dealer's Name Tom PEDEN INC.		Engine Size (CID/CC) 3.8 L	☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection
☐ New ☒ Used	City RIPLEY	State WV	No Cylinders 6	
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☒ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	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 08210000	Part Name(s) ELECTRICAL SYSTEM:ALTERNATOR:GENERATOR	Location ☐ Left ☒ Front ☐ Right ☐ Rear	Failed Part(s) ☒ Original (FIRST) ☐ Replacements
No of Failures 3	Date(s) of Failure(s) 06-MAR-1998, 01-27-99, 01-18-01 Mileage at Failure(s) 45,038, 65,000 + 77,260 Vehicle Speed at Failure(s) 40-50mph, 40-50mph, 40-50mph	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 NA	Number of Fatalities NA	Estimated Property Damage NA	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ALTERNATOR FAILED DURING NORMAL OPERATION. ALTERNATOR HAS BEEN REPLACED/WORKED ON THREE TIMES BECAUSE IT WAS HEATING UP DUE TO ITS LOCATION. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

The mileage for 1-27-99 is approximate.

The mileage for 1-18-01 is approximate.

** The mileage for 03-06-98 is exact. (written on receipt.)

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)

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