



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

14-MAY-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

888097

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) (Locate at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2G4WD52K8T1495627	BUICK	REGAL	1996	
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
☐ 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 06300000	Part Name(s) FUEL:FUEL INJECTION SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 13-MAY-2001 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 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)

WHEN CONSUMER STARTED VEHICLE THERE WAS A LOUD BANG THAT CAME FROM FRONT OF VEHICLE. SMOKE STARTED COMING FROM UNDERNEATH HOOD, AND THE VEHICLE WAS ON FIRE. THE CAUSE OF THIS DEFECT WAS THAT THE FUEL DID NOT GO INTO FUEL RELAY SYSTEM, AND INJECTOR SPRAYED FUEL BACKWARDS ONTO INTAKE MANIFOLD WHICH IGNITED THE FUEL. THIS HAPPENED ONCE BEFORE JULY 28, 2000 AND AGAIN ON MAY 13, 2001. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*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 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 14-MAY-2001 Od_or _____ rt_dt _____ od_rt _____ up_itr _____ Reference No. 888097 Work Number _____ Hor _____	
OWNER INFORMATION (Type or Print) _____ 691765					
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. Signature of Owner _____ Date 05/21/01 ☒ YES ☐ NO					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2G4WD52K8T1495627		Vehicle Make BUICK		Vehicle Model REGAL	
Purchase Date ☒ New ☐ Used		Dealer's Name Cain Buick City Franklin State IN Zip Code _____		Vehicle Year 1995 Current Odometer Reading 70,436	
Engine Size (CID/CC) _____ No Cylinders _____		☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection			
Transmission Type ☐ Manual ☒ Automatic		Anti-lock Brakes ☒ Yes ☐ No		Restraint System ☐ 3-Point Belt ☐ Motor belt ☒ Unverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	
Cruise Control ☒ Yes ☐ No		Drive Train ☐ Front ☐ Rear ☐ 4-Wheel		Vehicle Type ☒ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	
Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 06300900		Part Name(s) FUEL:FUEL INJECTION SYSTEM		Location ☐ Left ☐ Right ☐ Front ☐ Rear	
Failed Part(s) ☐ Original ☐ Replacement					
No of Failures		Date(s) of Failure(s) 13-MAY-2001 + 07-28-00 Mileage at Failure(s) 70000 Vehicle Speed at Failure(s) _____		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 in jury(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		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHEN CONSUMER STARTED VEHICLE THERE WAS A LOUD BANG THAT CAME FROM FRONT OF VEHICLE. SMOKE STARTED COMING FROM UNDERNEATH HOOD, AND THE VEHICLE WAS ON FIRE. THE CAUSE OF THIS DEFECT WAS THAT THE FUEL DID NOT GO INTO FUEL RELAY SYSTEM, AND INJECTOR SPRAYED FUEL BACKWARDS ONTO INTAKE MANIFOLD WHICH IGNITED THE FUEL. THIS HAPPENED ONCE BEFORE JULY 28, 2000 AND AGAIN ON MAY 13, 2001. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK					
CONTINUE ON BACK IF NEEDED					
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