Form Approved: O.M.B. No. 2127-0008

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 241

Date Received: **30-MAY-2001**

Od_or ____ rt_dt ____ od_rt ____ up_ltr ____

Reference No. **889416**

[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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
PLEASE FILL IN	**BUICK**	**REGAL**	**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
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT/	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s) / Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
	18-MAY-2001 / 12300	☐ 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)

CONSUMER'S VEHICLE WAS IN VOLVED IN A FRONTAL COLLISION WITH A 1989, ASTRO VAN AT APPROXIMATELY 45 MPH OR LESS. UPON IMPACT, BOTH AIR BAGS DID NOT DEPLOY. DEALER NOTIFIED, AND WAS UNWILLING TO ASSIST IN THIS MATTER. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS PROBLEM. *AK

CONTINUE ON BACK IF NEEDED

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 241

Date Received: RECEIVED 01 JUN 21 AM 10: 30-MAY-2001 OFFICE OF DEFECTS INVESTIGATION

Old_pr ____ rt_dt ____ old_rt ____ up_ltr ____

Reference No. 889416

694771

Work Number [redacted]
Home Number [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 [redacted] Date 06/11/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2G4WF5516Y1298136 PLEASE FILL IN	BUICK	REGAL	2000	

Purchase Date: Nov. 07, 2000 ☑ New ☐ Used
Dealer's Name: Reeve's Buick/Pontic
City: Greenwood State: IN Zip Code: 46225
Engine Size (CID/CC/L): 3.8 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 Ut ☐ 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)
12111080	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA Driver/Passenger AirBags	☑ Left ☑ Right ☑ Front ☐ Rear	☑ Original ☐ Replacement

No of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
2	18-MAY-2001	12300	45 mph	☐ 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 Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0	0	$4,600.00	☑ Yes ☒ No

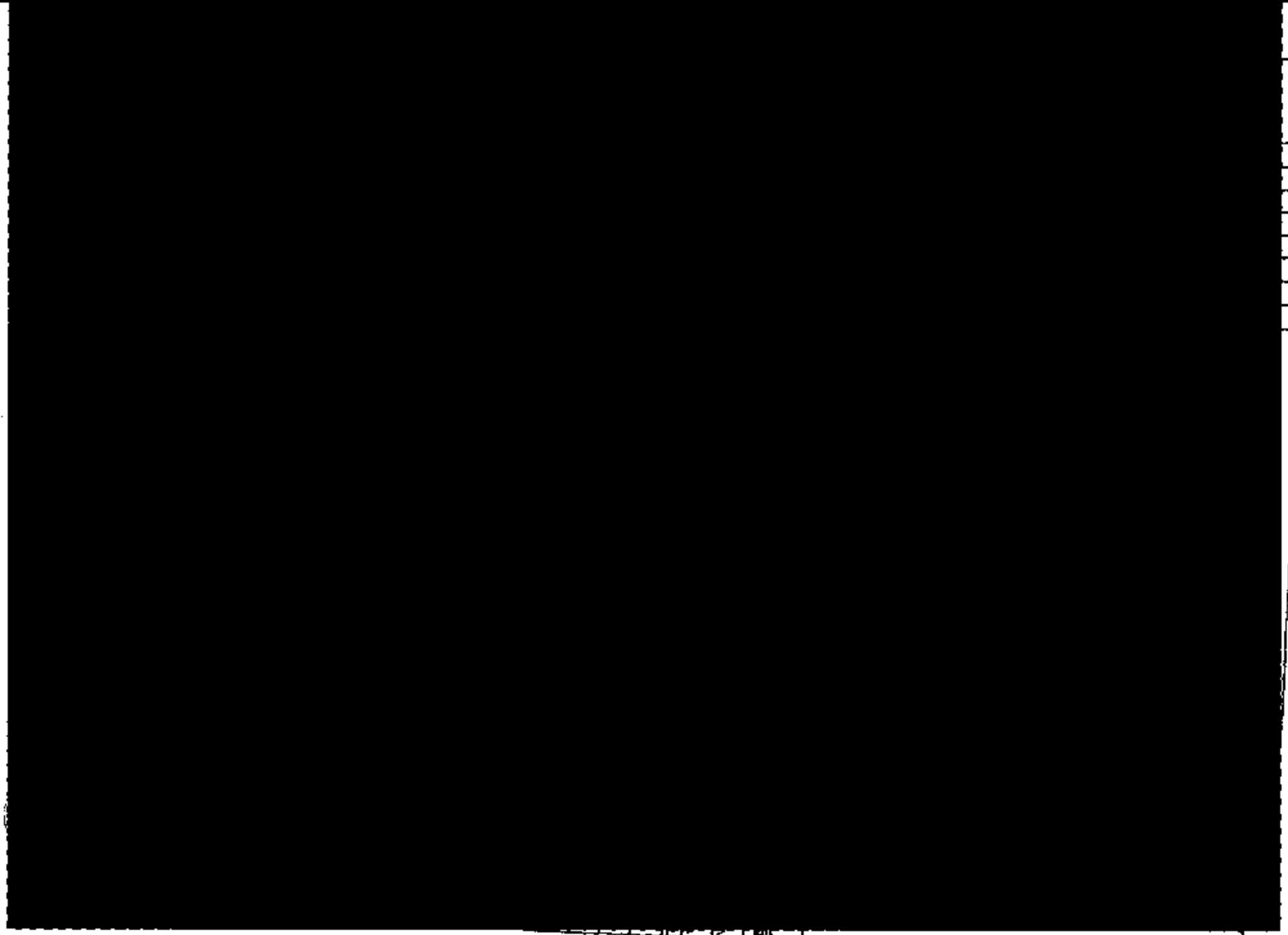
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER'S VEHICLE WAS IN VOLVED IN A FRONTAL COLLISION WITH A 1989, ASTRO VAN AT APPROXIMATELY 45 MPH OR LESS. UPON IMPACT, BOTH AIR BAGS DID NOT DEPLOY. DEALER NOTIFIED, AND WAS UNWILLING TO ASSIST IN THIS MATTER. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS PROBLEM. *AK

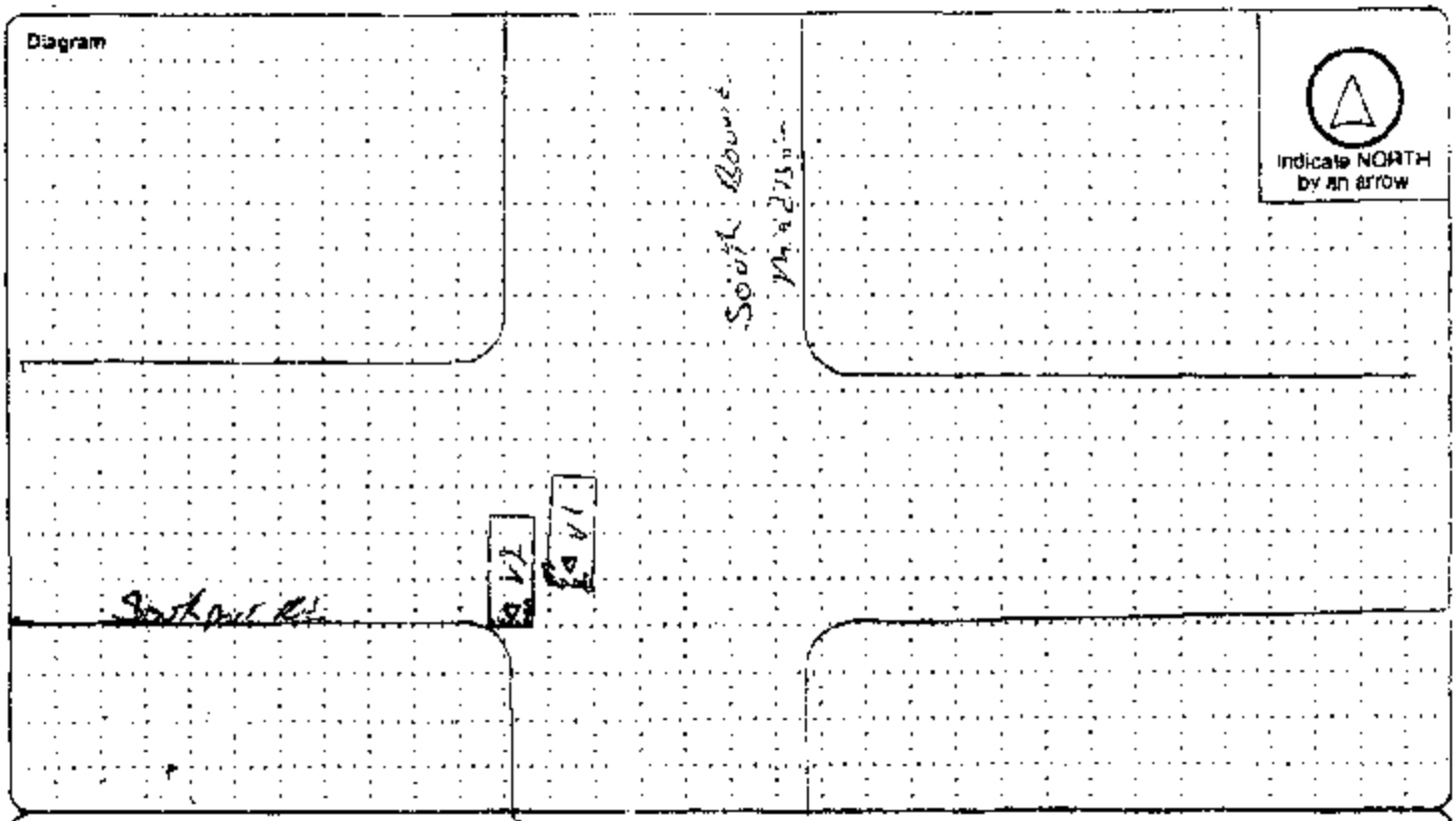
CONTINUE ON BACK IF NEEDED

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)

(Page 1 through Page 6)



Diagram



NARRATIVE (Refer to Vehicle by Number)

D1 V1 STATED that She was West Bound on Southport Rd WITH A Green Light When She STRUCK V2.

V2 D2 STATED that he was South Bound on Madison Ave Crossing Southport Rd when he ~~SE~~ was struck by V1 D2 STATED that ~~he~~ the light had just Changed to Yellow When he entered the intersection.

D1 Insured By Unknown

D2 Insured By Erie

Other Participant(s) Name, Address (etc.)

Name of Witness No. 1	Address	Location at Time of Crash
Name of Witness No. 2	Address	Location at Time of Crash
Name of Person Arrested	I.C. Code(s)	
Name of Person Arrested	I.C. Code(s)	

INVESTIGATION

Time Notified 5:09 AM PM | Time Arrived 5:09 AM PM | Other Location of Investigation | Investigation Complete Yes No | Photos Taken Yes No

Assisting Officer	I.D. No.	Agency	Date of Report 5-16-01
Assisting Officer	I.D. No.	Agency	Driver Report Form Furnished D1 D2
Investigating Officer's Signature	I.D. No. 25363	Agency Southport PD