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 151

Date Received
08-AUG-2001

Od_or
rt_dt
od_rt
np_ltr

Reference No.
893791

[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 decal and/or label)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
	BUICK	CENTURY	2000	

Purchase Dat		Engine Size (CID/CC/L ____	☐ Turbo
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	No Cylinders _____	☐ 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
02100000	SUSPENSION:INDEPENDENT FRONT	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)_____ Mileage at Failure(s)_____	Failed Part(s)	NHTSA Previously
7		☐ 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)

WHEN DRIVING VEHICLE DRIFTS TO THE RIGHT. DEALER HAS SEEN VEHICLE SEVEN TIMES, AND TRIED TO CORRECT. BUT, PROBLEM STILL EXISTS.*AK

CONTINUED ON REVERSE

Form Approved: O.M.B. No. 2127-0006

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 151

Date Received
08-AUG-2001
OFFICE OF DEFECTS INVESTIGATION

Od_or
rt_rt
od_rt
up_ltr

Reference No.
893791

706252

Work Num
Home Num

Do you authorize NHTSA to provide a copy of your complaint to the manufacturer of your vehicle? ☑ YES ☐ NO
In the absence of your name and address to the vehicle manufacturer.

Signature of Owner _____ Date 7/31/2001

VEHICLE INFORMATION

Vehicle Ident. No	Vehicle Mode	Vehicle Year	Current Odometer Reading
2G4WX52J2Y1[redacted]	CENTURY	2000	13421

Purchase Date: 10/28/00 ☑ New ☒ Used
Dealer's Name: Gerry Lane
City: Baton Rouge State: LA Zip Code: 70806
Engine Siz (CID/CC/L ____ No Cylinders ____
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manua ☒ Automatic	☒ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☒ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☑ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Uti ☐ Truck ☐ Motorcycle	☐ 2-Door ☑ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
02100000	SUSPENSION INDEPENDENT FRONT	☐ eft ☐ Right ☐ ront ☐ Rear	☐ Original ☐ Replacemen

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
7		☐ 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)

WHEN DRIVING VEHICLE DRIFTS TO THE RIGHT. DEALER HAS SEEN VEHICLE SEVEN TIMES, AND TRIED TO CORRECT. BUT, PROBLEM STILL EXISTS.*AK

CONTINUE ON BACK IF NEEDED

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)

We have take it 6 times for the same problem and was told it is fixed, the problem with the car is pulling to the right, and is still doing it 7/10/01 Talk to someone in Home office Customer servite Name Meg Laurence Gave me a file # 00454538 3 #1800 521-7300. All so when you bag back and put your feet on brake it make noise to the back of the car. There is a funny odor from the air conditon

Thank you

[redacted]

8/22/01

☆ U.S. G.P.O.: 1992 — 323-807 / 60286

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

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

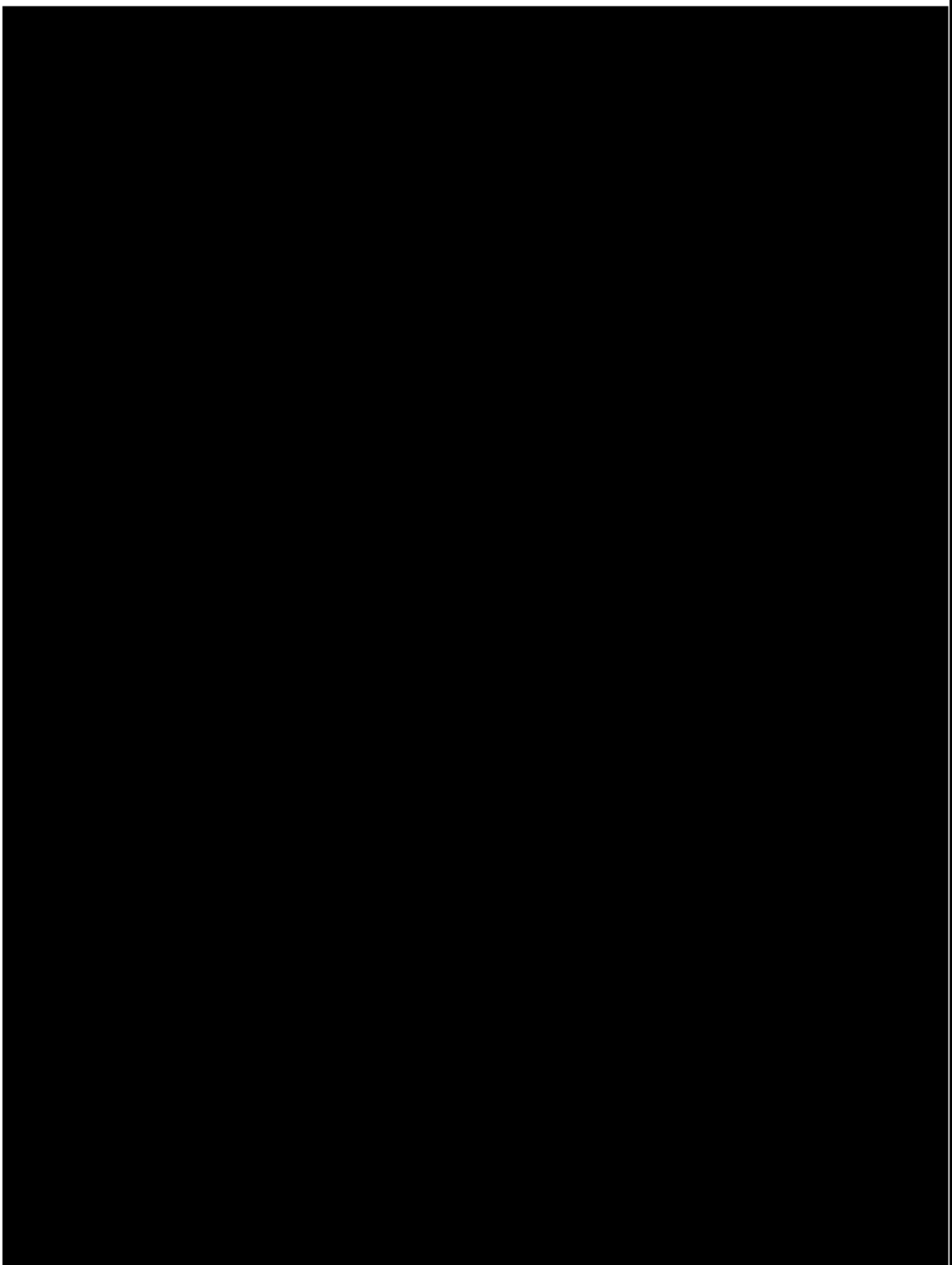
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

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

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 13)



[redacted]

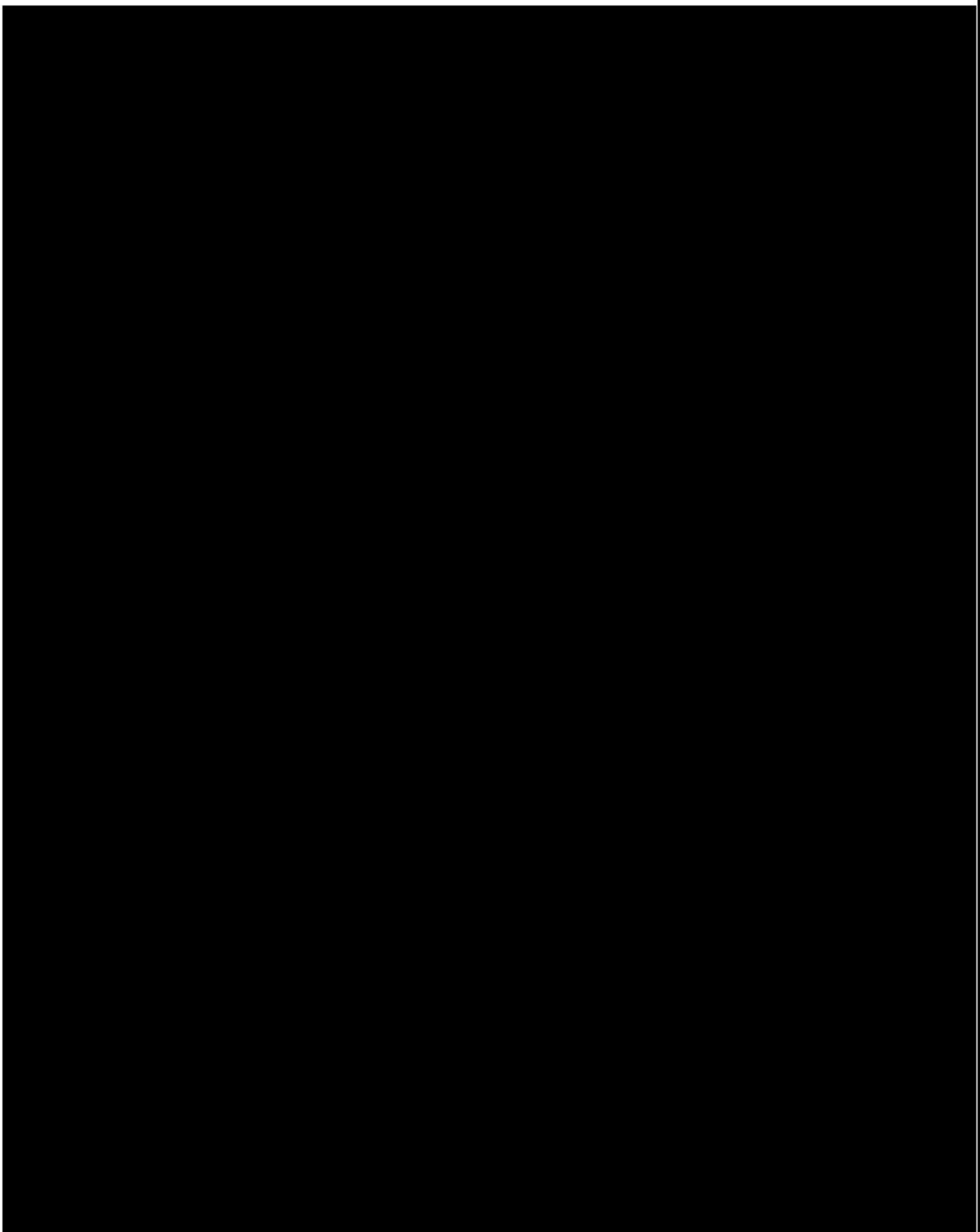
Thank You! We Appreciate Your Business!

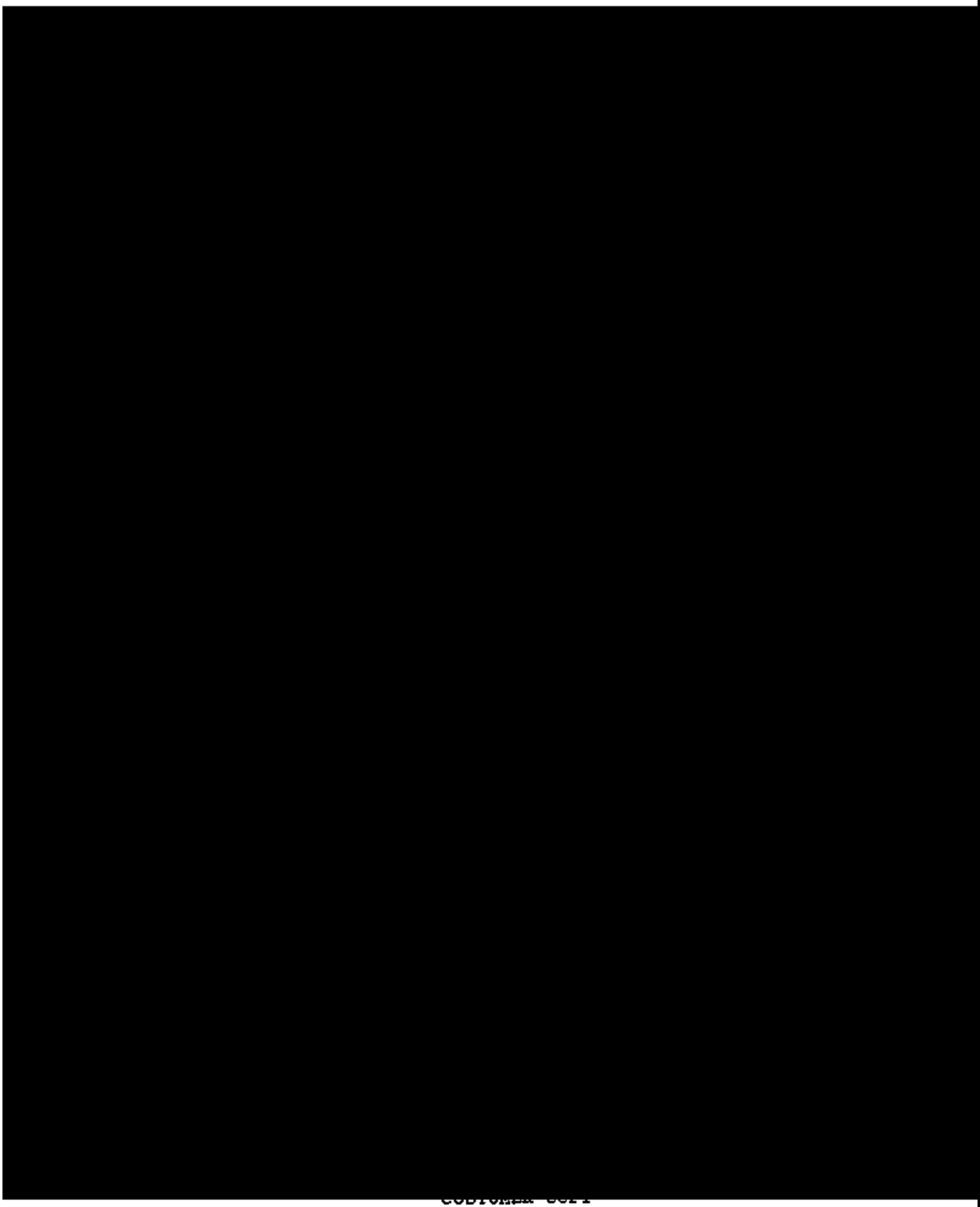

BUICK

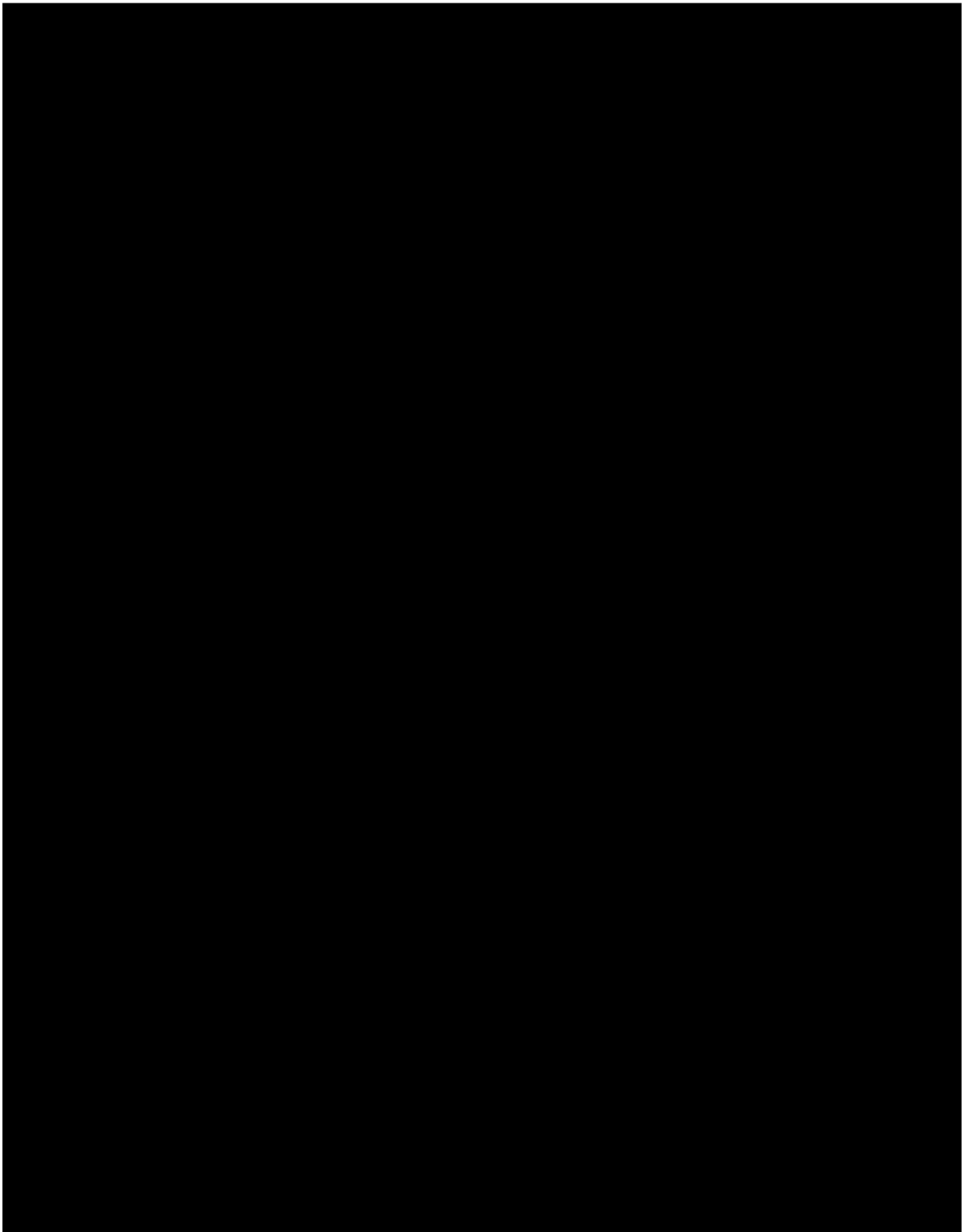
[redacted]

Thank You! We Appreciate Your Business!

CONTINUED ON NEXT PAGE







MOBILE INSURANCE AFFORDS YOU COVERAGE FOR DAMAGE TO THE RENTAL VEHICLE AND THE AMOUNT OF THE DEDUCTIBLE UNDER SUCH COVERAGE