



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

27-AUG-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

895222

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) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G4BN52P0SR12964	BUICK	ROADMASTER	1995			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06460000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL RETURN SPRING	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) 27-AUG-2001 5000 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	--------------------------	--

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

96 V 082 000/THROTTLE LINKAGES AND CONTROL RETURN SPRING: VEHICLE TAKEN TO GOODYEAR INDEPENDENT REPAIR SHOP AND INFORMED OF THIS RECALL. DEALER/MANUFACTURER WERE NOTIFIED. THEY INFORMED CONSUMER THAT THIS VEHICLE WAS NOT COVERED UNDER RECALL DUE TO VIN. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUED ON REVERSE

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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 241</p> <p>Date Received: <u>27-AUG-2001</u></p> <p style="text-align: center;">OFFICE OF EFFECTS INVESTIGATION</p> <p>Od. or rt. dt. up. Itt. _____</p> <p>Reference No. <u>895222</u></p> <p>Work Number _____</p> <p>Home No. _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>_____ 711018</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an authorized signature, please print name and address to the vehicle manufacturer.

Signature of Owner _____ Date 9/6/2001

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1G4BN52P0SR12964	Vehicle Make BUICK	Vehicle Model ROADMASTER	Vehicle Year 1995	Current Odometer Reading 50000	
Purchase Date <u>8-18-1995</u>	Dealer's Name <u>FOX BUICK</u>		Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used <u>100 miles</u>	City <u>Oak Ridge</u> State <u>TN</u> Zip Code _____		No. Cylinders _____		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Diverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Min van <input type="checkbox"/> Other
			Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck		

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06460000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL RETURN SPRING	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>27-AUG-2001</u> Mileage at Failure(s) <u>5000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

96 V 082 000/THROTTLE LINKAGES AND CONTROL RETURN SPRING: VEHICLE TAKEN TO GOODYEAR INDEPENDENT REPAIR SHOP AND INFORMED OF THIS RECALL. DEALER/MANUFACTURER WERE NOTIFIED. THEY INFORMED CONSUMER THAT THIS VEHICLE WAS NOT COVERED UNDER RECALL DUE TO VIN. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK