



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 117

Date Received

07-SEP-2001

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

Reference No.

895973

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>(Locate at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G4CU541714229153	BUICK	PARK AVENUE	2001			
Purchase Date <input checked="" type="checkbox"/> New <input 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 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 checked="" type="checkbox"/> Yes <input 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 06400000 12111000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	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) _____ 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 checked="" type="checkbox"/> Yes <input 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 Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WOULD MAKE WEIRD NOISES; FIRST TIME WHEN MAKING RIGHT TURN, WAS GRINDING AND THEN STOPPING. THIS CAUSED DRIVER TO JERK FORWARD. THEN, A THUMPING NOISE BEFORE SUDDENLY ACCELERATING. HAD HAPPENED EVERY FEW YARDS. TOWED TO DEALERSHIP, MECHANIC FOUND NOTHING AFTER TEST DRIVING. SECOND WAS IN PARKING LOT AND BACKING OUT WHEN VEHICLE SUDDENLY ACCELERATED AND HIT A POLE. HAD SHIFTED INTO DRIVE, AND IT ACCELERATED FORWARD AND HIT A BUILDING. AIR BAGS DID NOT DEPLOY. WHEELS WERE SPINNING LIKE CRAZY.*AK

COPIED FROM A FILE

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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>Vehicle Owners Questionnaire (VOQ)</p> <p>NAT. ONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	
<p>FOR AGENCY USE ONLY 117</p>		<p>DATE RECEIVED SEP 21 2001</p> <p>DEFECTS IN THE OFFICE SEP 21 2001</p> <p>UPPER</p>	
<p>Work Number</p> <p>Home Number</p>		<p>OWNER INFORMATION (Type or Print)</p> <p>713567</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of your signature, your name and address to the vehicle manufacturer. Date: 9/12/01</p>		<p>Signature of Owner</p>	
<p>VEHICLE INFORMATION</p> <p>Vehicle Ident. No. (VIN) (located on driver's side, windshield or door jamb): 1G4CU541714229153</p> <p>Vehicle Make: BUICK</p> <p>Vehicle Model: PARK AVENUE</p> <p>Vehicle Year: 2001</p> <p>Current Odometer Reading: _____</p>			
<p>Purchase Date: _____</p> <p>Dealer's Name: Bill Kay</p> <p>City: SYR State: NY Zip Code: _____</p> <p>Engine Size: _____ CID/CYL: _____ No. Cylinders: _____</p> <p>Fuel System: <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p>			
<p>Transmission Type: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manua</p> <p>Antilock Brakes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Restraint System: <input type="checkbox"/> 3-point Belt <input checked="" type="checkbox"/> Driver's Airbag <input checked="" type="checkbox"/> Passenger's Airbag</p> <p>Drive Type: <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p> <p>Vehicle Type: <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>			
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p> <p>Part Name(s): _____</p> <p>FUEL: THROTTLE LINKAGES AND CONTROL</p> <p>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT</p> <p>Location: _____</p> <p>Failed Parts: _____</p> <p>Original <input type="checkbox"/> Replacement <input type="checkbox"/></p> <p>Right <input type="checkbox"/> Left <input type="checkbox"/></p> <p>Rear <input type="checkbox"/> Front <input type="checkbox"/></p> <p>Failed Parts: _____</p> <p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>APPLICATION INCIDENT INFORMATION</p> <p>(Please describe in detail the incident(s), failure(s), crash(es), and injury (s) on the back of this form)</p> <p>Date(s) of Failure(s): 23-AUG-2001</p> <p>Mileage at Failure(s): 3000</p> <p>Vehicle Speed at Failure(s): _____</p> <p>No. of Failures: _____</p>			
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> <p>VEHICLE WOULD MAKE WEIRD NOISES; FIRST TIME WHEN MAKING RIGHT TURN, WAS GRINDING AND THEN STOPPING. THIS CAUSED DRIVER TO JERK FORWARD. THEN, A THUMPING NOISE BEFORE SUDDENLY ACCELERATING. HAD HAPPENED EVERY FEW HOURS. TOWED TO DEALERSHIP, MECHANIC FOUND NOTHING AFTER TEST DRIVING. SECOND WAS IN PARKING LOT AND BACKING OUT WHEN VEHICLE SUDDENLY ACCELERATED AND HIT A POLE. HAD SHIFTED INTO DRIVE, AND IT ACCELERATED FORWARD AND HIT A BUILDING. AIR BAGS DID NOT DEPLOY. WHEELS WERE SPINNING LIKE CRAZY. AK</p>			
<p>Crash: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fire: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Number of Persons Injured: ①</p> <p>Number of Fatalities: 0 or - 1</p> <p>Estimated Property Damage: (2)</p> <p>Reported to Police: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>CONTINUE ON BACK IF NEEDED</p> <p>The Privacy Act of 1974 (Public Law 93-502) 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>			



U.S. Department of Transportation
 National Highway Traffic Safety Administration
 Information Management Staff NSA-10.01
 400 7th Street, SW
 Washington, DC 20590

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

BUSINESS REPLY MAIL
 FIRST CLASS PERMIT NO. 78173 WASHINGTON, D.C.

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



U.S. GPO: 1992 - 623-877/0006

[Redacted area]

I do not have the car any more - I
 made a deal with Bill Roy on the
 advice of my lawyer. See letters I
 received.
 Bill Roy was not cooperative
 with me

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.		DOT	
MANUFACTURER/TIRE NAME		MICH	
SIZE	(3)		

* 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)

**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)(5)**

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