



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 798

Date Received

02-NOV-2001

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

Reference No.

898688

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		
1G4CW11334148443	BUICK	ELECTRA	1991			
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 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 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	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	Dates of Failure(s) 23-OCT-2001 Mileage at Failure(s) 180 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

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

RETRACTOR ON SEAT BELT DOES NOT RETRACT BY ITSELF BACK IN. *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.

<p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) 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 798</p> <p>Date Received: <u>11-3 AM</u> <u>02-NOV-2001</u> EFFECTS</p> <p>Od. or rt. dt. _____ od. dt. _____ up. hr. _____</p> <p>Reference No. 898688</p> <p>Work Number _____ Home No. _____</p>
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OWNER INFORMATION (Type or Print)

Vehicle Identification Number: **724541**

Signature of Owner: _____
 Date: 11-10-01

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 In the absence of your signature, this report will be sent to the vehicle manufacturer.

YES NO

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1G4CW11334148443	Vehicle Make BUICK	Vehicle Model ELECTRA	Vehicle Year 1987	Current Odometer Reading 181,036
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Purchase Date <u>Aug 90</u>	Dealer's Name <u>Father</u>	Engine Size (CID/CC/L) <u>3.8</u>	<input type="checkbox"/> Turbo Diesel Gas Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders <u>6</u>	<input checked="" type="checkbox"/>

Transmission Type <input type="checkbox"/> Man. <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) <u>23-OCT-2001</u>	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) <u>180,200</u>		
	Vehicle Speed at Failure(s)		

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 Damage	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)

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All records please →

