



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 758

Date Received

13-NOV-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

899021

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		
1G4CW52K3W4604484	BUICK	PARK AVENUE	1998			
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 checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input 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 06450000	Part Name(s) FUEL: THROTTLE LINKAGES AND CONTROL: SOLENOID: VALVES:	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) 30-OCT-2001 Mileage at Failure(s) 33500 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)

AFTER COMING TO A STOP APPLIED ACCELERATOR AND ENGINE REVVED, BUT VEHICLE DID NOT MOVE. THIS HAPPENED 2 MORE TIMES. DEALER DETERMINED THAT PRESSURE CONTROL SOLENOID FAILED, AND HAD TO BE REPLACED.*AK

CONTINUE 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.



Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

OWNER INFORMATION

Name: [Redacted]
 Address: [Redacted]
 Home Number: [Redacted]
 Work Number: [Redacted]
 Reference No. 298021

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 Signature of Owner: [Redacted]
 Date: 11/23/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 1G4CW52K3W4604484
 Vehicle Make: BUICK
 Vehicle Model: PARK AVENUE
 Vehicle Year: 1998
 Current Odometer Reading: 33,585

Purchase Date: 2-17-01
 Dealer's Name: Arnold Palmer Cadillac
 City: Charlotte, State: NC, Zip Code: 28227
 Engine Size (CID/CYL): No Cylinders 6
 Fuel System: Turbo Diesel, Gas, Fuel Injecto

Transmission Type: Automatic
 Restraint System: 3-Point Belt, 2-Point Belt, Motorbel
 Cruise Control: No
 Drive Type: Front, Rear, 4-Wheel
 Vehicle Type: Car, Van, Minivan, Other, Soot Utl, Truck, Motorcycle
 Body Style: 2-Door, 4-Door, Stationwagon, Pick Up, Truck

Component: 06450000
 Part Name(s): FUEL THROTTLE LINKAGES AND CONTROL SOLENOID VALVES
 Location: N/A
 Failed Parts: Original, Replacement

No of Failures: 4
 Date(s) of Failure(s): 30-OCT-2001
 Mileage at Failure(s): 33500
 Vehicle Speed at Failure(s): 0 - CAR STALLED
 Failed Part(s): [Redacted]
 NHTSA Previously: No

APPLICATION INCIDENT INFORMATION

Crash: Yes No
 Fire: Yes No
 Number of Persons Injured: 0
 Number of Fatalities: 0
 Limited Property Damage: Reported to Police: Yes No

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

AFTER COMING TO A STOP APPLIED ACCELERATOR AND ENGINE REVVED, BUT VEHICLE DID NOT MOVE. THIS HAPPENED 2 MORE TIMES. DEALER DETERMINED THAT PRESSURE CONTROL SOLENOID FAILED, AND HAD TO BE REPLACED. AK

Attempted to move (forward) after stopping at red light (car would not move. Engine made loud noise, auto shuddered, & shook. Occurred 2 to 3 times, each time after stopping & attempting to turn left, to proceed or move in any direction. Was almost hit from rear 2 times due to this.

DMGGEORS CONDITION & OCCURED WITHOUT WORKING.

CONTINUE ON BACK IF NEEDED

Dealer who repaired auto: Falger Buick, Independence Blvd. Charlotte, N.C.

DWR 7

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.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 1/2" near the rim flange on the side opposite

dots and numerals following the letters DOT. It is usually located all or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

can be replaced not more

replaced up to the day that suddenly failed, it had

This was on dangerous, I did not drive again until part

was replaced by a new one. I had original. It was replaced only

by M. used a technician to replace certain accidents. Can

part in my possession.

3,000 miles. Part & repair to \$29.00. I have the bill

report problem. Several photos (Black Director) referred to

I reported problem to H.M. Dulin (Folger Buick) referred to

U.S. G.P.O.: 1982 - 62-897 / 6096

U.S. Department
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**National Highway
Traffic Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



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

