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Form Approved: O.M.B. No. 2127-0008



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

Use a No. 2 pencil or a blue or black ink pen only. CORRECT MARK: ●

FOR AGENCY USE ONLY
Date Received: 7/18/01
Reference No.
Order, Title, Date, Title

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE IDENT. NO. (VIN) 1G4HP54K914167633
VEHICLE MAKE BUICK
VEHICLE MODEL LESABEX0
MANUFACTURE DATE 900
MODEL YEAR 0001
VEHICLE MANUFACTURER
PURCHASE DATE 12-22-00
DEALER'S NAME BO WILLIAMS
CITY OCALA
STATE FL
ZIP CODE 32674
ENGINE SIZE 3.800
FUEL SYSTEM Turbo
FUEL TYPE Gas
TRANSMISSION TYPE Automatic
ANTILOCK BRAKES Yes
RESTRAINT SYSTEM Driver's Airbag, Passenger's Airbag, 3-Point Belt
CRUISE CONTROL Yes
DRIVE TRAIN Front, 4-Wheel
VEHICLE TYPE Car
DOORS 4-Door
BODY STYLE Sedan

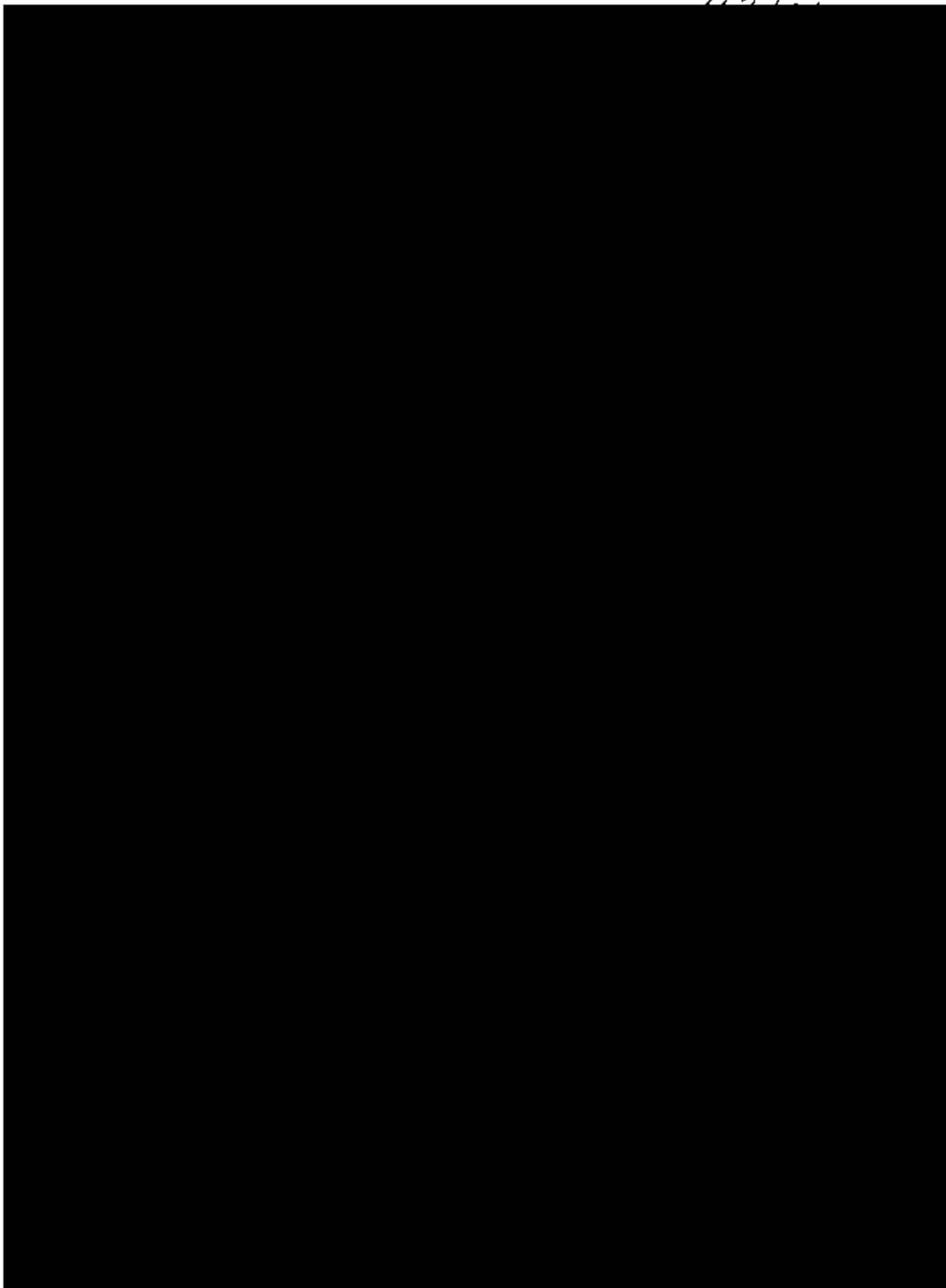
FAILED COMPONENT(S)/PART(S) INFORMATION
COMPONENT Steering
NO. OF FAILURES 3
INCIDENT DATE SEE ATTACHED LETTER
MILEAGE AT INCIDENT
VEHICLE SPEED AT INCIDENT
FAILED PART(S) Original
TIRE NAME, COMPLETE TIRE SIZE, TIRE BRAND
DEALER REPLACED 3 COMPLETE SETS
HANDICAPPED ADAPTIVE No
FAILED PART(S) AVAILABLE? No
NHTSA PREVIOUSLY CONTACTED? BY PHONE

APPLICABLE INCIDENT INFORMATION
Please describe in detail the incident(s), failure(s), and injury(ies) on the back of this form.
CRASH No
FIRE No
NUMBER OF PERSONS INJURED 0
NUMBER OF FATALITIES 0
CAUSE OF INCIDENT Excessive Effort
RESULT OF INCIDENT Loss of Control

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)

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