



U.S. Department of Transportation
National Highway Traffic Safety Administration

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 <i>9/10/01</i>	Officer _____ Title _____ Case No. _____ Unit No. _____
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OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 164AG55N8P6463704	VEHICLE MAKE Buick	VEHICLE MODEL Century	MANUFACTURE DATE	MODEL YEAR 1993
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other <input type="checkbox"/> Daewoo/Chevrolet <input checked="" type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Isuzu <input type="checkbox"/> Toyota <input type="checkbox"/> VW				
PURCHASE DATE 7/27/94 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	DEALER'S NAME Reef Buick	CITY LAVOY DALE LAKE	STATE FL	ZIP CODE 33313
ENGINE SIZE (CID/DOZ) 6	FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	TRANSMISSION TYPE <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	ANTILOCK BRAKES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DRIVETRAIN <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	VEHICLE TYPE <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility	DOORS <input checked="" type="checkbox"/> 4 Door	RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driver-side Airbag <input type="checkbox"/> 2 Point Belt <input type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> Mercedes <input type="checkbox"/> 3 Point Belt	
CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		BODY STYLE <input type="checkbox"/> Hatchback <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck		

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defogger, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brakes <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input checked="" type="checkbox"/> Other HORN	NO. OF FAILURES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other	
	VEHICLE SPEED AT INCIDENT	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICABLE 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	NUMBER OF PERSONS INJURED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Noisy <input type="checkbox"/> Weak/Floor Fit/Loose <input type="checkbox"/> Leaks <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Short <input type="checkbox"/> Disconnect/Fel Off <input type="checkbox"/> Locks/Slides/Grabs <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inverted/Flipped <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

PLEASE DO NOT WRITE IN THIS AREA



03914

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

Plastic Horn Buttons (half-Moon Shape) will not fit in spaces provided as they are distorted due to the heat of the car. There must be pressure to shape the horn & can't be because they don't fit - there is no maintenance involved. Quick users the wrong type of plastic - as with time they become distorted as to shape.

Things a bad design are to make the horn you had to "force" the buttons to work. The horn wasn't seconds & should have cause a crash. Buick would not sell any car with the installation of new horn buttons & is going to change appear & design to fit.

File No. C05367581

Describe any additional incidents. (Include date and mileage)

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 responses 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 responses, or a statistical survey thereof, may be used in support of the agency's action.

U.S. Department of Transportation

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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

BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NSA-10.01 400 7th Street, SW Washington, DC 20590

2059070002

Complete and return or place in your car manual for future use



VEHICLE OWNER'S QUESTIONNAIRE (V00Q)

DOT AUTO SAFETY HOTLINE TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR DASH 2 DOT and dial toll free at 1-888-DASH-2-DOT

1-888-327-4236 DOT Auto Safety Hotline (DASH) 2 DOT



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