



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 9/6/01	Case No. _____
Reference No. _____	File No. _____
_____	_____
_____	_____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER _____

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 2G4WFS215W1413830		VEHICLE MAKE Buick	VEHICLE MODEL Regal	MANUFACTURE DATE 090397	MODEL YEAR 1998	
VEHICLE MANUFACTURER <input type="checkbox"/> GMW <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"/> Daimler/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Isuzu <input type="checkbox"/> Toyota <input type="checkbox"/> VW						
PURCHASE DATE 9-3-97	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME VIKING MOTORS		CITY OXFORD	STATE ME	ZIP CODE 04270
ENGINE SIZE (CID/CO/CI) 3.8	FUEL SYSTEM <input checked="" type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input checked="" type="radio"/> Yes <input type="radio"/> No	RESTRAINT SYSTEM <input checked="" type="radio"/> Driver-side Airbag <input checked="" type="radio"/> Passenger-side Airbag <input checked="" type="radio"/> 3 Point Belt	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No
NO. CYLINDERS 6	DRIVETRAIN <input checked="" type="radio"/> Front <input type="radio"/> Rear		VEHICLE TYPE <input checked="" type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Truck <input type="radio"/> Motorcycle <input type="radio"/> Other _____		DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Pick Up Truck <input checked="" type="radio"/> Sedan <input type="radio"/> Station wagon

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, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <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="radio"/> Other RESTRAINT SYSTEM	NO. OF FAILURES 1	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE 8-15-01	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT 37,845	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 0	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement	FAILED PART(S) AVAILABLE? <input checked="" type="radio"/> Yes <input type="radio"/> No
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No			

APPLICABLE INCIDENT INFORMATION

Please describe in detail the Incident(s), Failure(s), Crashes, and Injury(ies) on the back of this form.	CRASH <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF PERSONS INJURED 0	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Le Off <input type="checkbox"/> Emetic/Poor Performance <input type="checkbox"/> Excessive P/Pan <input type="checkbox"/> Noisy <input type="checkbox"/> Loose <input type="checkbox"/> Strut <input checked="" type="radio"/> Locks/Straps/Grabs <input type="checkbox"/> Stability/Vibration <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"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES 0		

PLEASE DO NOT WRITE IN THIS AREA



04106

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

RIGHT ROW SEAT BELT
RETRACTOR WILL NOT
RELEASE, SO PASSENGER
IN THAT SEAT CANNOT
USE SEAT AS REQUIRED
BY MAINE LAW

Continue on additional page if necessary.
Describe any additional incidents. (Include date and mileage)

The Privacy Act of 1974—Public Law 93-502 The information requested pursuant to authority vested in the National Highway Traffic Safety Administration, 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.
Mark Ballerup by NCS EW-252025-1-864321 HP06 Printed in U.S.A.
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HS Form 350 (Rev. 6/99)

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

U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Office Business
Penalty for Private Use \$300

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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www.nhtsa.dot.gov/hotline