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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

RECEIVED
03 FEB 10 AM 8:27
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY	
Date Received: 03-JAN-2003	Repository ☐
	Reference No. 10002015

OWNER INFORMATION (Type or Print)

Name: [redacted]		Daytime Telephone Number: [redacted]	E-mail Address:
Address: [redacted]		Evening Telephone Number:	
City: CANNONVILLE	State: UT	Zip Code: [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
PLEASEPROVIDE	BUICK	LESABRE	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
	High country			8	Gas
Original Owner ☒	Dealer's City: Richfield UT	State: UT	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
	☒ Antilock Brakes ☐ Cruise Control		116100 ELECTRICAL SYSTEM:IGNITION:SWITCH
			Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
23-DEC-2002			This is a case of Loose Battery Cable under the seat bracket bolt

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

CONSUMER STATES THAT IT WILL BE HARD TO START THE VEHICLE AND THEY WILL HAVE TO TRY NUMEROUS TIMES BEFORE THE VEHICLE WILL START DEALER NOTIFIED. TS all due to the manufacture not tightening the ground cable. I was very disappointed due with the help of High country where I purchased the car in Richfield UT they could not fix it, had to take it to Cedar city

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Richfield to Cedar city 100 miles should be compensated for mileage.