



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

FOR AGENCY USE ONLY 1375

Date Received

Repository ☐

16289-2005
16289 MAR 18

Reference No.
1800-098

OWNER INFORMATION (Type or Print)

Name

Address

City

ALPENA

State

MI

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/28/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at front of vehicle
1GHP54K4Y4129015

Make
BUICK

Model
LESABRE

Model Year
2000

Date Purchased
11-12-99

Dealer's Name and Telephone Number
ALLEN-RODNEY BUICK 1-989-356-9011

Engine:
No. Cylinders

Fuel Type:
Reg

Original Owner
☒

Dealer's City
ALPENA

State
MI

Zip Code
49707

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code
110000 ELECTRICAL SYSTEM

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
24-DEC-2002

Failure Mileage
23500

Failure Speed

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: DOTM19ABC036)

☐ 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

Number of Persons Injured

Number of Deaths

Reported to Police

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 FEELS THAT VEHICLE'S MAIN COMPUTER MODULE IS DEFECTIVE. IF VEHICLE IS DRIVEN OVER 50 MILE DISTANCE, ALL THE VARIOUS WARNING CHIMES WILL SOUND. THE AIR BAG LIGHT WILL ILLUMINATE AND ALL DOORS WILL LOCK. DEALER UNABLE TO DETERMINE EXACT CAUSE OF PROBLEM. PH

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.