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

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

Date Received: 19-Feb 03

Od_or ___ ___
rt_dt ___ ___
od_rt ___ ___
up_ltr ___ ___

Reference No.: 1008691

OWNER INFORMATION (Type or Print)

Name: [redacted]

Address: [redacted] Apt. No. [redacted]

City: Bonleton State: Va. Zip Code: [redacted]

Daytime Telephone Number: [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: [redacted] Date: 1/30/03

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) *(Located at bottom of windshield on driver's side)*	Make	Model	Year
1G4HP54K8YH105537	Lasabre	Buick	2000

Purchased Date	Dealer's Name		Engine Size (CID/CC/L)	
March 2000	Tom Harris 250 West Shirley Av		V6	☐ Turbo ☐ Diesel ☑ Gas ☐ Fuel Injection
☐ New ☑ Used	Dealer's City: Waverton	State: Va.	Zip Code: 22	No. Cylinders: 8

Manufacture Date (on driver's door or pillar)	Transmission Type	Restraint System	Cruise Control	Drivetrain	Vehicle Type	Body Style
06/99	☐ Manual ☑ Automatic	☑ Driverside Air Bag ☐ Motorbelt ☑ Passengerside Air Bag ☐ 2-Point Belt ☐ 3-Point Belt	☑ Yes ☐ No	☑ Front ☐ Rear ☐ 4-Wheel	☑ Car ☐ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☑ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
Head Lights	☐ Left ☐ Right ☑ Front ☐ Rear	☐ Original ☑ Replacement	☐ Yes ☐ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size

No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s):	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s):		

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☑ No	☐ Yes ☑ No			☐ Yes ☐ No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 *This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.*

Mail postage free or fax to 202-366-7882