



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 120

Date Received

2003 MAY 27 PM 3:42
17-MAR-2003Repository ☐Reference No.
10011945

OWNER INFORMATION (Type or Print)

Name

Address

City

EL PASO

State TX

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 5/9/2003

VEHICLE INFORMATION

17-digit Vehicle Identification Number (located at bottom of windshield on driver's side)
1G4HP54K3YU184749

Make
BUICKModel
LESABREModel Year
2000

Date Purchased

AUG - 1997

Dealer's Name and Telephone Number

DESERT SUN MOTORS

Engine:

No. Cylinders

Fuel Type:

GAS

Original Owner

☒

Dealer's City

ALAMOGORDO

State

NM

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

110000 ELECTRICAL SYSTEM

Multiple Failure: 6

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

17-MAR-2003

Failure Mileage

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: DOTM19ABC038)

☐ 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), condition(s), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

N

☐ Yes ☒ No☐ Yes ☒ No

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).

THE POWER WINDOWS FAILED 8 TIMES. *JB

I think that this is an excessive failure rate.

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.