



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100161

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Repository   
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**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: ATLANTA State: GA Zip Code: [Redacted]  
Daytime Telephone Number: [Redacted]  
Evening Telephone Number: [Redacted]  
E-mail Address: [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: 8/1/03

**VEHICLE INFORMATION**

Make: BUICK Model: LESABRE Model Year: 2003  
Date Purchased: 28-APR-03 Dealer's Name and Telephone Number: TEAM BUICK, GARCIA, ROUTINE  
Original Owner:  Dealer's City: UNION CITY State: GA Zip Code: [Redacted] Engine: No. Cylinders: 6 Fuel Type: GASOLINE  
Transmission Type:  Antilock Brakes Powertrain: Vehicle Component Code: 036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK  
 Cruise Control Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 5/21/03 Failure Mileage: 1902 Failure Speed: 1-3 MPH FOOT SLIPPED OFF BRAKE PEDAL DO TO PEDAL GOING DOWN

**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: DOTM4LSABC036)  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:  Yes  No Fire:  Yes  No Number of Persons Injured: NONE Number of Deaths: NONE Reported to Police: LAW. SECURITY

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).

WHILE STOPPING AT A LIGHT OR A STOP SIGN THE BRAKE PEDAL SINKS DOWN INTO THE FLOOR. THIS PROBLEM STARTED ABOUT TWO WEEKS AFTER THE PURCHASE OF THE VEHICLE. CONSUMER WAS INVOLVED IN TWO ACCIDENTS BECAUSE OF THIS PROBLEM. \*AK

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.

**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**