



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 252

Date Received
2003 AUG 22 AM 9:20
28-JUL-2003

Repository

Reference No.
10031301

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: PEMBROKE State: MA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening Telephone Number: [Redacted]

E-mail Address

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: 8/18/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
3G5DA03EX3S584742

Make: BUICK Model: RENDEZVOUS Model Year: 2001
Date Purchased: 5-7-03 Dealer's Name and Telephone Number: COLUMBIABUICK-PONTIAC GAC, INC.
Original Owner: Dealer's City: HANOVER State: MA Zip Code: 02357 Engine: 6 Cylinders Fuel Type: REG.
Transmission Type: AUTO Antilock Brakes: Powertrain Vehicle Component Code: 022000-SUSPENSION-MBWR
 Cruise Control Multiple Failures:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 28-JUL-2003 Failure Mileage: [Redacted] Failure Speed: n/a

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: D05TMA19ABC036) 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), crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured: _____ Number of Deaths: _____ Reported to Police: 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).

WHILE TRAVELING ON THE HIGHWAY MOUNTING SUSPENSION TO THE REAR END GOES UP AND DOWN AND VIBRATES - IN CORRECT
1) Side view mirrors grossly oversized [Redacted] obscuring vision at intersections. Driver cannot see cars travelling in either directions. Wife + I have had several near accidents. In order to proceed right/left at intersections safely, driver must shift body at least 4 times to make sure road is clear. - Very dangerous! (over)

Include, if available: Police/Fire Department Report, Photos, and Repair Invo. ATTACH ADDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to a publicly posted in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this request. Your response may be used to assist the NHTSA in determining whether a repair center 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.

Note - Mirror is right close to side window also

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

2) Rear of car is constructed so that if a small car is directly behind, driver cannot see it in rear view mirror. Not Good

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



U.S. Department of Transportation
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Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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and dial toll free at

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(DASH) 2 DOT



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