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

2003

FOR AGENCY USE ONLY 100079

Date Received: DEC -2 AM 5:58 04-NOV-2003

Repository ☐

Reference No. 10046287

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City SOUTH BURLINGTON State VT Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number [redacted]

E-mail Address

Do you authorize NHTSA to release your name and address to the vehicle manufacturer in the absence of an emergency? ☐ YES ☒ NO

Signature of Owner [redacted] Date 11/26/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3G 5D B03E 92 [redacted] 23	BUICK	RENDEZVOUS	2002

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Feb '02	FITZPATRICK'S 802-864-5754	8	Gas

Original Owner	Dealer's City	State	Zip Code
☒	So. Burlington	VT	05403

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	103000 POWER TRAIN:AUTOMATIC TRANSMISSION

Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
04-NOV-2003	15000		

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: DOTMALBABC036)	☐ 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), Fatalities, Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 DRIVING TRANSMISSION JERKED AND WON'T SHIFT PROPERLY FROM SECOND TO THIRD GEAR. DEALER REPLACED THE TRANSMISSION. ALSO, IN THE LAST PAST FIVE MONTHS, THE LIFGATE HINGES/TIE ROD, AND IGNITION SWITCH HAD BEEN REPLACED. *AK

Also replaced the gears. - front right & left Backing for tires. Car still does not handle properly!

[redacted]

Include, if available: Police/Fire Department Report, Photos, etc. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to 49 U.S.C. 30117 and subsequent amendments. You are under no obligation to respond this questionnaire. Manufacturer should take appropriate action to correct a safety defect. If the NHTSA puts your response, or a statistical summary thereof, may be used in support of the agency's