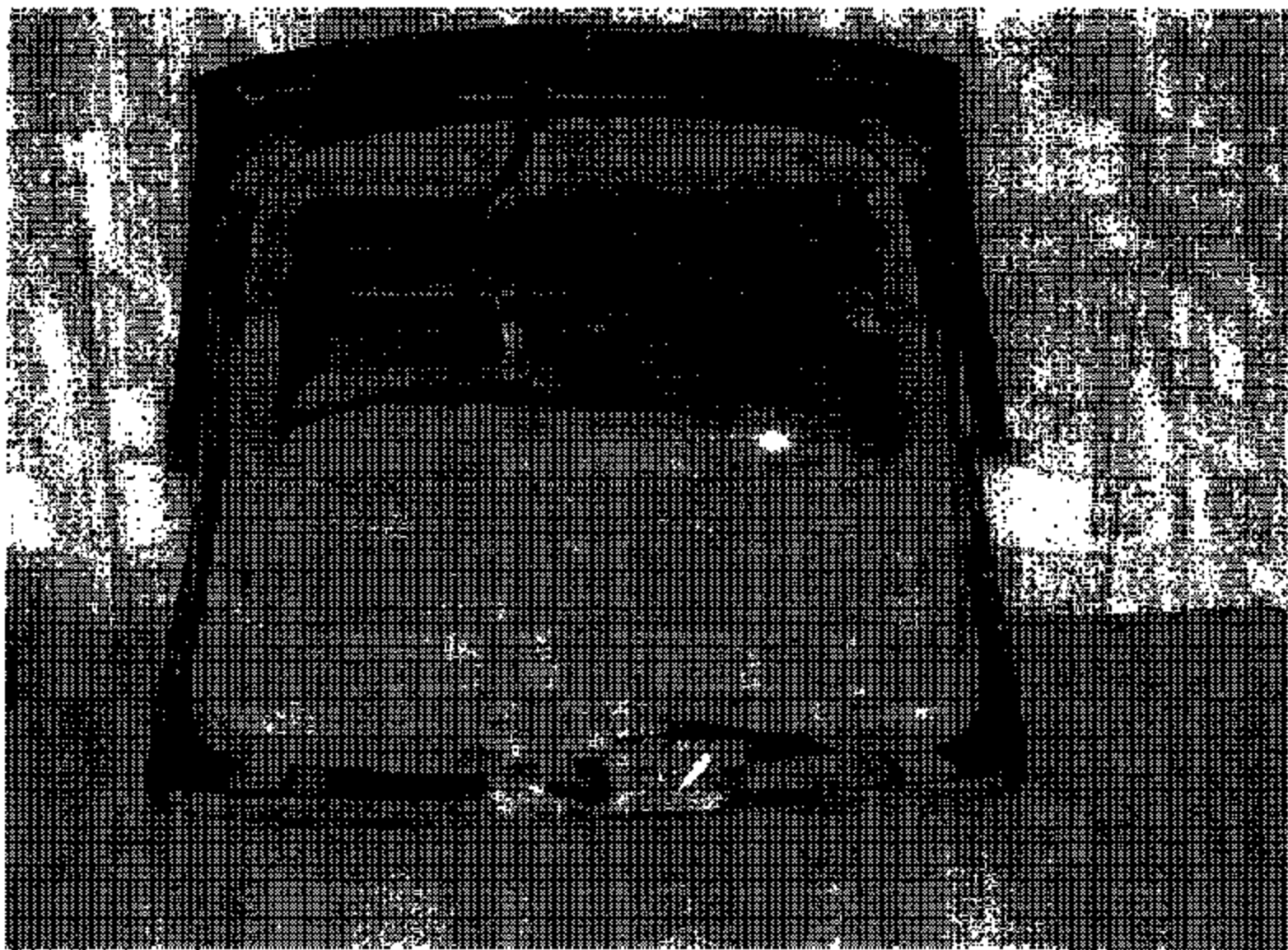
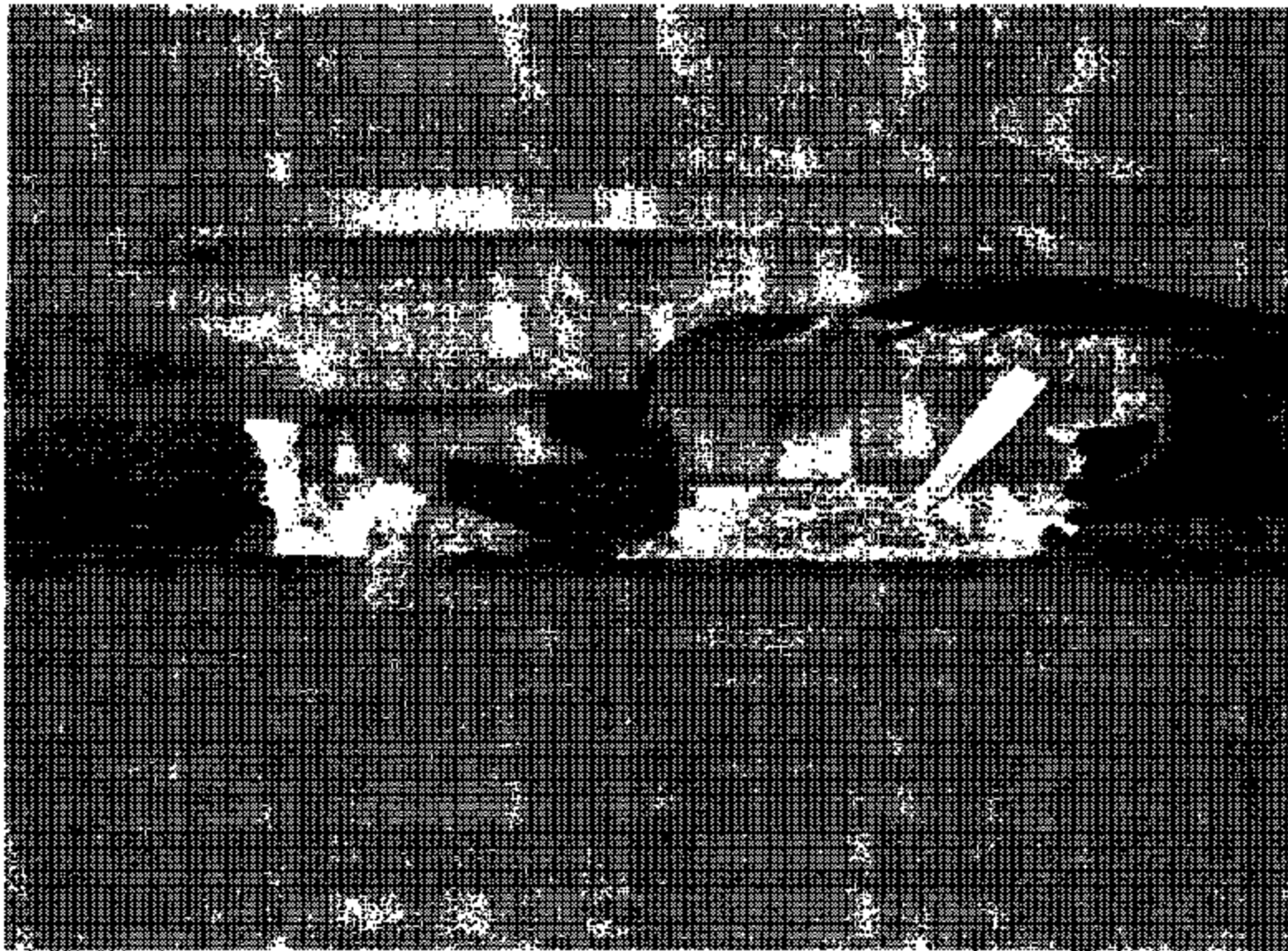
 <b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: <a href="http://www.nhtsa.dot.gov/hotline">www.nhtsa.dot.gov/hotline</a>		FOR AGENCY USE ONLY 1280	
		Date Received <b>2003 DEC 03</b>	Repository <input type="checkbox"/> Reference No. 10047774
<b>OWNER INFORMATION (Type or Print)</b>			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City	State	Zip Code	
HOUSTON	TX		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date <u>  1  /  1  /  </u>			
<b>VEHICLE INFORMATION</b>			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 3GSDA03E836		Make BUICK	Model Year 2003
Date Purchased 24-SEP-03	Dealer's Name and Telephone Number		Engine: No. Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Fuel Type:
Original Owner	State	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code 173100 LATCHES/LOCKS/LINKAGES;TAILGATE:LATCH
	<input type="checkbox"/> Cruise Control		Multiple Failure:
<b>FAILED COMPONENT(S) / PART(S) INFORMATION</b>			
Incident Date(s) 19-OCT-2003	Failure Mileage	Failure Speed	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>			
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:	
Tire Component Code		Tire Failure Type	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>			
Make:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:	Failed Part:		
<b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>			
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0
		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).			
CONSUMER DRIVING ON FREEWAY AT HIGHWAY SPEED. THE VEHICLE WAS HIT BY ANOTHER VEHICLE ON THE PASSENGER SIDE REAR QUARTER PANEL. THE REAR LIFTGATE LATCH TORE FROM THE FIBERGLASS LIFTGATE. THE LIFTGATE OPENED AND 8 YEAR OLD OCCUPANT WAS EJECTED FROM THE VEHICLE. BUILD DATE MAY 2003 ATTORNEY FOR CLIENT			
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.			

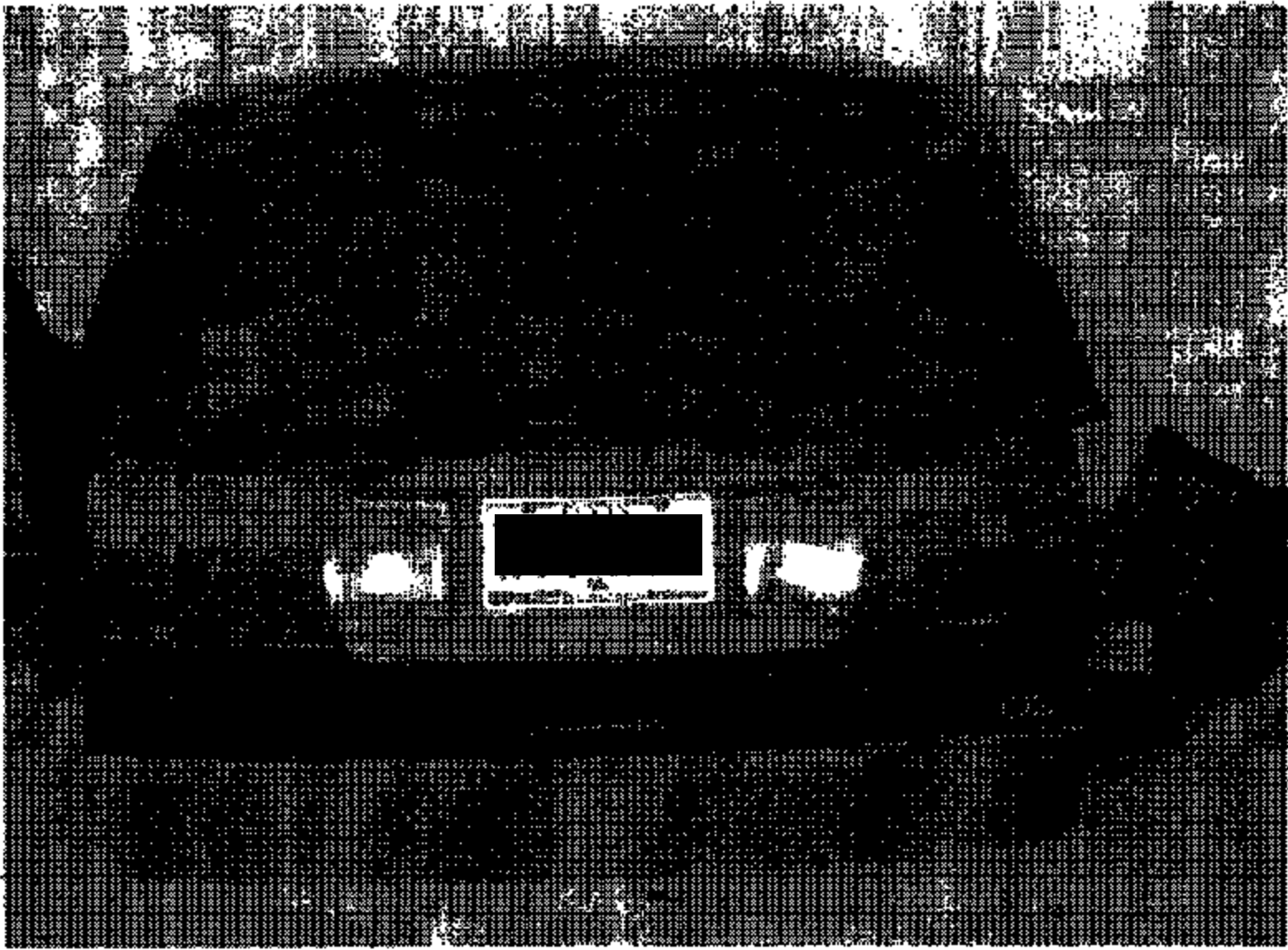


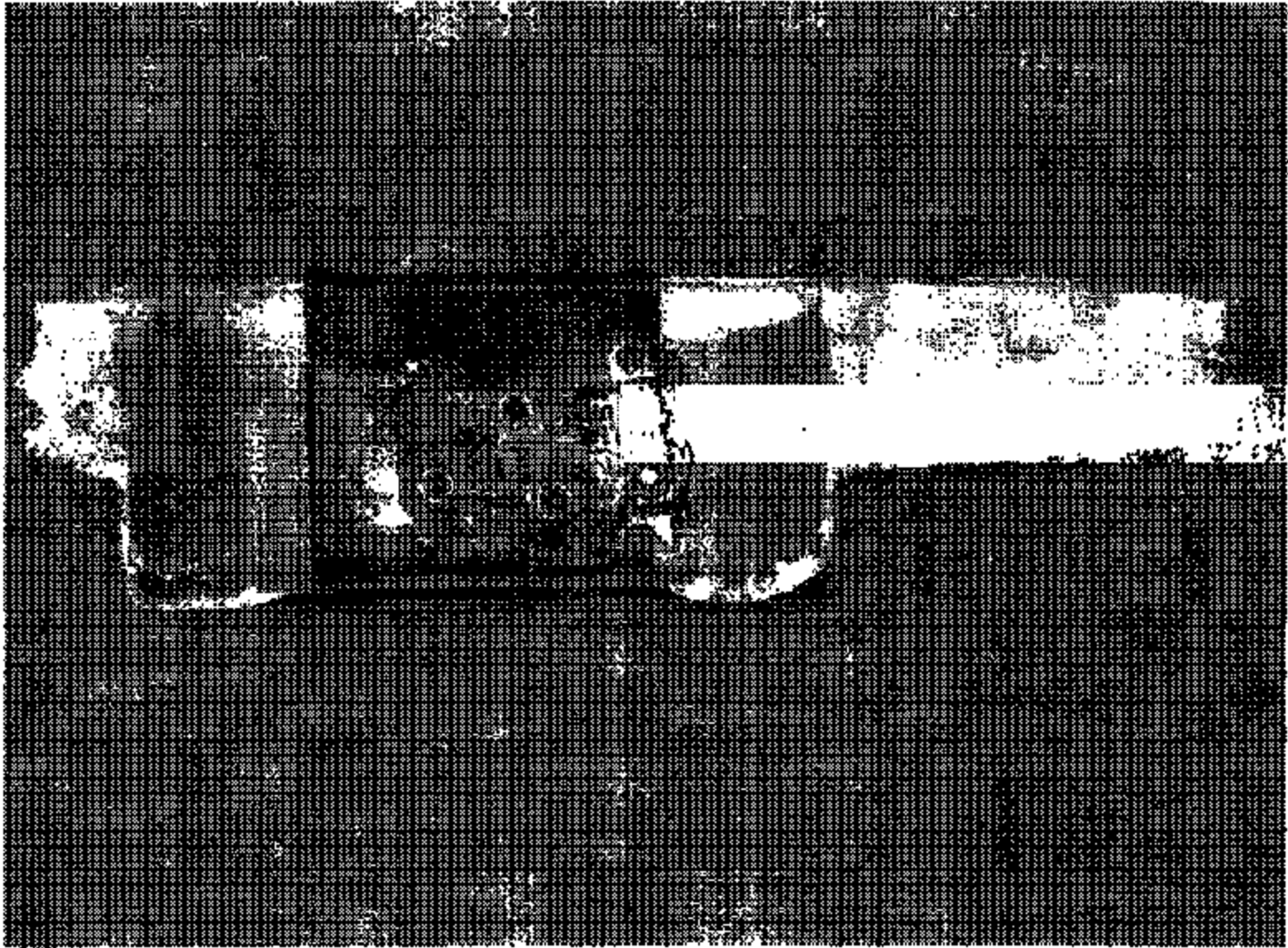


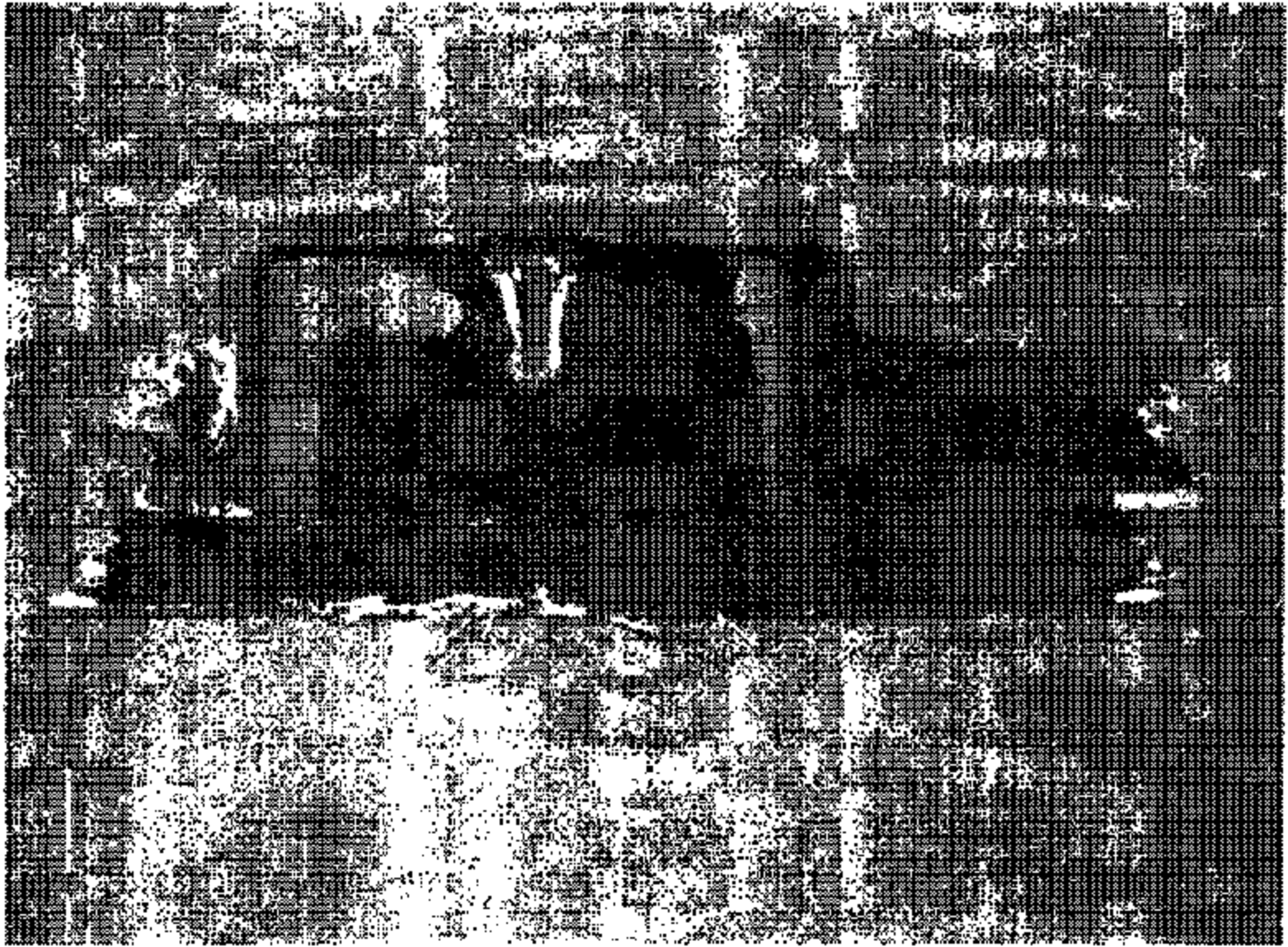
















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