



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 1357

Date Received
APR 08 PM 12:53
08-APR-2004

Repository _____
Reference No.
10068793

OWNER INFORMATION (Type or Print)

Name: _____
Address: _____
City: FLINT State: MI Zip Code: _____

Daytime Telephone Number: _____
Evening Telephone Number: _____

E-mail Address: _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 3G5DB03E73 _____
Make: BUICK Model: RENDEZVOUS Model Year: 2003
Date Purchased: 02-FEB-04 Dealer's Name and Telephone Number: Al Serna
Original Owner: Dealer's City: Grand Blanc State: MI Zip Code: 48437 Engine No: Cylinders: 6
Transmission Type: 4 sp auto Antilock Brakes Cruise Control Powertrain: _____
Vehicle Component Code: 017500 STEERING LINKS/SES-TIE ROD ASSEMBLY
Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 08-APR-2004 Failure Mileage: 3200 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: DOTM1A9ABC036): _____ 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: _____ 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 DRIVING VEHICLE SWAYED ALL OVER THE ROAD, MAKING IT HARD TO CONTROL THE VEHICLE. SWAYING OCCURRED BECAUSE THE TIE ROD WAS LOOSE, AND THE RIGHT REAR TIRE ALMOST FELL OFF. DEALERSHIP INDICATED THAT THE TIE ROD CAME LOOSE FROM THE FACTORY. *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.

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

My vehicle was bouncing all over the road and I thought I took
my vehicle to Patsy Car in Flint for service and was told an Alignment
was needed. I was not satisfied so took it to Midas. Some a second
mechanic told there was a defect and advised to return to
dealership and drive carefully. Took to dealership and was told they could not
get to it so I took it somewhere else and had to complain about 30
minutes for someone to take a look at it, this was where I purchased
the vehicle, Al Serra in Grand Blanc, MI. Came to find out the
tire was on loose and the wheel was coming off. I'm appalled
and very angry that it took hours for someone to listen to me about
my problem and was told that if I died because of this if I was
in an accident, it was my fault.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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 NHTL, HWY. TRAFFIC SAFETY ADMIN.

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



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

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1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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http://www.nhtsa.gov/ohdhs