



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 120

Date Received: 2004 APR 12
Repository:
Reference No.: 10067044

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: EDGEWATER State CO Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening Telephone Number: SAME
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: [Redacted] Date: 4/11/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G4HR54KX [Redacted]
Make: BUICK Model: LESABRE Model Year: 2004
Date Purchased: 11-4-03 Dealer's Name and Telephone Number: BURT BUCK, Pontiac, GMC
Original Owner: Dealer's City: Littleton, Co. State: CO Zip Code: 80121
Engine: 6 No. Cylinders: REG.
Transmission Type: 4-SPEED ELECTRONIC Antilock Brakes Cruise Control Powertrain: 3800 Series II
Vehicle Component Code: 060000 ENGINE AND ENGINE COOLING
Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 12-APR-2004 Failure Mileage: Failure Speed:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: Tire Model (Name or Number): Tire Size (Example P215/85R15):
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).

CONSUMER'S VEHICLE VIBRATED WHEN STOPPING OR BACKING UP. CONSUMER STATED IT WAS WORSE WHEN PUTTING VEHICLE IN REVERSE. CONSUMER TOOK VEHICLE TO THE DEALER 2-3 TIMES, AND THE LAST TIME HE WAS TOLD THAT MANUFACTURER'S ENGINEERS WERE INVESTIGATING THE PROBLEM. ENGINE FELT LIKE IT WAS SKIPPING. *AK

THE CAR REALLY VIBRATES BAD WHEN IN DRIVE AND STOPPED, IT IS REALLY BAD WHEN IN REVERSE. THIS IS TERRIBLE FOR A NEW CAR. YOU CAN FEEL IT IN THE STEERING WHEEL, SEAT'S AND FLOOR BOARDS. WHEN IN REVERSE, IT SHUDDERS

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).**