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 100147

Date Received	Repository ☐
19-APR-2004 2004 JUN 11 PM 1:33	Reference No. 10057342

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City WILLIAMSTON	State MI	Zip Code [redacted]	

Do you authorize N[redacted] to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of a[redacted] provide your name or address to the vehicle manufacturer
Signature of Owner [redacted] Date 5/13/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G4HP54K0YU194276	BUICK	LESABRE	2000

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
July 2000	Bill Seif Buick (Didn't take the car to this dealership)	6	gas

Original Owner	Dealer's City	State	Zip Code
☒	Hastings, Mich.	Mich	49058

Transmission Type	Antilock Brakes / Cruise Control	Powertrain	Vehicle Component Code	Multiple Failure: 17
	☐ / ☐		136200 VISIBILITY:WINDSHIELD-WIPER/WASHER MOTOR (Window)	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
12-JAN-2004			

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: DOTMAL9ABC038)	☐ 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	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).

~~WHEN DRIVING IN THE RAIN WINDSHIELD WIPERS FAILED, CAUSING THE DRIVER TO PULL OFF THE ROAD. CONSUMER CONTACTED THE DEALERSHIP, BUT PROBLEM STILL OCCURS.~~ AK

my safety defects are 2 window motors that failed. The first one 2 months after the 36 month warranty, the second one 3 months later. We live in Florida during winter months where there retention Ponds. Many of the vehicle accidents in these Ponds where a window is the only way out. I had the first one repaired at a glass repair shop called G. M. and recieved no satisfaction. I have the motor, which is So. Korean import.
Has there been any recalls on this Problem?

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

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).