



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 252

Date Received: 7-15-04  
Repository:   
Reference No.: 10072282

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: ASHEBORO State: NC Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]  
Evening Telephone Number: [Redacted]  
E-mail Address: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
Signature of Owner: [Redacted] Date: 5/28/04

VEHICLE INFORMATION

17 Digit Vehicle Identification Number: 1G4HP52K93  
Make: BUICK Model: LESABRE Model Year: 2003  
Date Purchased: MAY 2003 Dealer's Name: [Redacted] Phone: 334-626-1558  
Original Owner:  Dealer's City: ASHEBORO, NC State: NC Zip Code: 27203  
Engine: 5.3L No. Cylinders: 6 Fuel Type: GASOLINE  
Transmission Type: AUTO Antilock Brake:  Powertrain: [Redacted]  
Cruse Control:  Not IN Use:   
Vehicle Component Code: D5800 SERVICE BRAKES, HYDRAULIC:ANTILOCK  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 07-MAY-2004  
Failure Mileage: 23000  
Failure Code: 50-55

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P216/55R15): [Redacted]  
DOT No. (Example: DOTM49ABC036): [Redacted] Original Equipment:  Prior Repair:   
Failure Location: [Redacted]  
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]  
Seat Type: [Redacted] Installation System: [Redacted]  
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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: 0 Number of Deaths: 0 Reported to Police: Y  
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 aid part is available).

WHILE DRIVING CONSUMER APPLIED THE BRAKES AND PEDAL WENT THE FLOOR. THIS CAUSED LOSS OF BRAKING POWER. BOTH FEET WERE ON THE BRAKE PEDAL AND VEHICLE CONTINUED TO ACCELERATE, AND THEN COLLIDED WITH ANOTHER VEHICLE. UPON IMPACT, BOTH AIR BAGS DID NOT DEPLOY. NO INJURIES WERE REPORTED. THE DRIVER WAS ABLE TO DRIVE THE VEHICLE TO THE DEALER FOR INSPECTION, AND MECHANIC ADVISED THE CONSUMER THAT A REPRESENTATIVE WILL COME DOWN TO DETERMINE THE CAUSE OF THE PROBLEM. \*AK  
- DID NOT STOP  
BUICK REPORT # 1-213002122 - VEH INSPECTED 2/28/04 BY NHTS 5/19/04  
5/19/04 Brake failed again - pedal to floor reported to Buick Engineer  
No Thompson 5/19 Brakes Bleed 5/19. WANNER, Stephen Buick  
No accident 5/19 Fail several friends mechanics + garage owners say that there are several problems w/ these brakes bleed method + problem w/ ABS lines - SUV GM is driver

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

The Privacy Act of 1974-Public Law 93-502 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.

They set as if they have no problem

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

Travel N on NC 220 (Randeman Rd) approx 3/5 mi N. of Randeman  
following Vehicle 2 on 2-lane Rd. Veh 2 coming to near stop at 4 or 5  
Driveway and then proceeding to next. Veh 1 (Buick Lesabre) approx 400' behind  
Veh 1 stopped at Driveway approx 200' from last stop. Veh 1 started to  
slow on Veh 1. Applied Brakes. Vehicle failed to slow at any rate.  
Applied more pressure w/ 1 foot still fall, then we set on pedal  
Veh Now approx 80' from other vehicle. - Vehicle Veh 1 Right onto shoulder  
As Veh 1 continued forward Vehicle 2 turned Right into the drive  
where contact occurred. Speed Unknown but est @ between  
30 - 35 MPH at time brake 1st Applied. Brakes first Applied approx 250'

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. 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  
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IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY INCL. 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



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OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

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OR

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and dist toll free at:

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