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 231

Date Received	Repository
25-MAY-2004	
Reference No.	10074181
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OWNER INFORMATION (Type or Print)

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

Do you authorize NHTSA to release your name and address to the manufacturer of your vehicle? ☑ YES ☒ NO
In the absence of an authorization, NHTSA will not release your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 6/17/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G4HP54K324101922	BUICK	LESABRE	2002

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
2002	269-657-6921 PEURON CHEVROLET	6	GAS

Original Owner ☐	Dealer's City PAW PAW	State MI	Zip Code 49079

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☑ Antilock Brakes ☑ Cruise Control		103000 POWER TRAIN:AUTOMATIC TRANSMISSION Multiple Failure:- 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
	50,000		

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: DOTMA1SABC036)	☐ 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	0	0	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, THE CONSUMER NOTICED THE VEHICLE WOULD NOT GAIN ANY SPEED WHEN THE ACCELERATOR WAS APPLIED. THE VEHICLE WOULD JERK INTO GEAR OR PERFORM ERRATICALLY. PLEASE PROVIDE DETAILED INFO

WHEN STARTING OUT SLIPPAGE WAS 1ST NOTICED THEN IT WOULD JERK INTO GEAR. ALSO ERRATIC INCIDENTS OCCURED THOUGHOUT THE DAY, WITH NO FORE WARNING WHAT SO EVER.

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).