



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1368

Date Received

Repository

10-JUN-2004

Reference No.
10076078

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City LAKELAND State FL Zip Code 33805

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 _____ Date 06/23/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G4BR82Y85R

Make BUICK Model ROADMASTER Model Year 1995

Date Purchased 10/07/03 Dealer's Name and Telephone Number WINTER HAVEN CENTRAL BUICK INC. WINTER HAVEN FLORIDA Engine: No. Cylinders 8 Fuel Type: REGULAR

Original Owner Dealer's City WINTER HAVEN State FL Zip Code 33880

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain POSITRACTION DIFFERENTIAL Vehicle Component Code 341000 COMMUNICATIONS:HORN ASSEMBLY Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 14-APR-2004 Failure Mileage 83225 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: DOTM18ABC03B) 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 HORN FAILED TO WORK. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AT THE HORN WORKED JUST FINE FOR ABOUT 4 MONTHS THEN IT BLEW BY ITSELF WHEN PARKED - ONLY REPAIRED FOUNDING AND HORN BUTTON IN STEERING WHEEL WOULD STOP IT. THEN IT JUST STOPPED WORKING AT ALL. I TOOK THE BUICK TO THE BUICK DEALER FOR DEPT. IN SYLVIA, N.C. FOR REPAIR ESTIMATE, THEY SAID IT HAD TO HAVE A NEW DRIVER'S SIDE (STEERING WHEEL) AIR BAG AS THE HORN BUTTON HAD A SHORT ON IT. THEY WANTED TO DO, UP TO REPAIR THE HORN BUTTON. I TOOK THE VEHICLE TO PRECISION AUTOMOTIVE IN BRYSON CITY (888) 488-2776 AND GREG CRISP (OWNER/MECH) INSTALLED A NEW SEPARATE HORN BHO AND REPAIRED HORN WARNING WHICH WAS DEFECTIVE AT COST OF \$97.90. I REPORTED THIS SITUATION TO GM -

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), Crash(es), and Injury(ies)

BUICK DIV, CUSTOMER SERVICE/ASSISTANCE CENTER, SERVICE REQUEST # 1-243744806
AND MR MARK HENNEBACH HELPED ME AND AFTER MUCH DISCUSSION AND MY FORWARDING ORIGINAL
BUICK COST ESTIMATE RECEIPT, ORIGINAL PERFORMANCE AUTOMOTIVE REPAIR RECEIPT AND COPY OF VEHICLE
REGISTRATION BUICK DIVISION ISSUED TO ME A GM CHECK NO 900650869 IN THE AMOUNT OF
\$97.90 AS FULL REIMBURSEMENT FOR THE HORN REPAIR.

THIS HORN FAILURE WAS DUE TO WIRING PROBLEM AND NOT DUE TO NORMAL WEAR
& TEAR NOR ABUSE.

THANK YOU FOR YOUR INTEREST

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



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. 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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