



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 1387

Date Received

2004 JUL 19 PM 8:28
28-JUN-2004

Repository

Reference No.
10090002

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: DIANEBURG State: NY Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to contact you or the manufacturer in the absence of your signature?
Signature of Owner: [REDACTED]

your vehicle? YES NO
Date: 7/19/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 3G5DAQ3E035 [REDACTED]
Make: BUICK Model: RENDEZVOUS Model Year: 2003

Date Purchased: [REDACTED] Dealer's Name and Telephone Number: NORTHSTAR PONTIAC, GMC 518-785-1301
Engine: [REDACTED] Fuel Type: [REDACTED]

Original Owner: Dealer's City: LATHAM State: NY Zip Code: 12110

Transmission Type: Antilock Brakes Cruise Control Powertrain: [REDACTED]
Vehicle Component Code: 162600 STRUCTURE: BODY: HATCHBACK/LIFTGATE
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 25-JUN-2004 Failure Mileage: [REDACTED] Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R16): [REDACTED]
DOT No. (Example: DOTM1AL9ABC038): [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: [REDACTED] Number of Deaths: [REDACTED] 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., repaired or replaced (and if old part is available).

CONSUMER WAS UNABLE TO HAVE LIFTGATE LATCH RECALL 04V150000 REPAIRS PERFORMED BECAUSE THE LOCAL DEALERSHIP HAD NO KNOWLEDGE OF THIS RECALL. *AK

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)

Lined area for narrative description of incident(s), failure(s), crash(es), and injury(ies).

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
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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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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(DASH) & DOT



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