



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 -100216-

Date Received

Repository

12-JUL-2004
2004

Reference No.
10081723

OWNER INFORMATION (Type or Print)

Name

Address

City CROFTON

State MD

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number
SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an address, name or address to the vehicle manufacturer.
Signature of Owner _____ Date 7/19/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G4HP62K24U

Make
BUICK

Model
LESABRE

Model Year
2004

Date Purchased
12/3/03

Dealer's Name and Telephone Number
G.M. GIANT - 410-822-1010

Engine:
No. Cylinders - 6

Fuel Type:
GASOLINE

Original Owner

Dealer's City
EASTON

State
M.D.

Zip Code
21601

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
AUTOMATIC TRANSMISSION

Vehicle Component Code
141000 AIR BAGS:FRONTAL

Multiple Failure: X 2 AIRBAGS

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
08-JUL-2004

Failure Mileage
8077

Failure Speed
5.2 MPH

Recorder showed 5.2 MPH MAX. SPEED WHEN AIRBAGS DEPLOYED PER INSP. CONTRACTOR ON 7/15/04 - EMPLOYED BY BUICK.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE N/A

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM9ABC038)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE N/A

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

Injury

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

1

0

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 old part is available).

WHILE DRIVING BOTH FRONTAL AIR BAGS DEPLOYED ON THEIR OWN. THIS CAUSED THE DRIVER TO SUSTAIN MINOR INJURIES. VEHICLE WAS TOWED TO A GARAGE. *AK

(See Release)

MINOR INJURY

REF: BUICK LESABRE ON 7/15/04 (1-234-009-478) TEL: 1-800-521-7300 EXT. 57255-MR. ANDERS

Include, if available: Police/Fire Department Reports, 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)

On 7/6/04, at the intersection of MD. Rts. 322 & 33, I was driving my Chev. S-10 with my wife following in our Buick LeSabre. I stopped for Rt. 33 traffic at the yield sign and my wife stopped also. As I proceeded slowly, I noticed another vehicle with the right-of-way on Rt. 33, and stopped again. My wife, driving the Buick, thought I was continuing, and proceeded, tapping into the rear of my Chev. S-10. The only damage to the S-10 was the release of two brackets holding two (2) tag lights. The damage to the Buick was extensive inside the car. Outside, there were minor scratches to the front bumper.

Inside, both AIR BAGS DEPLOYED, THE DASHBOARD COLLAPSED, AND THE WINDSHIELD WAS SHATTERED IN TWO PLACES. MY WIFE HAD ABRASIONS ON BOTH ARMS DUE TO THE AIR BAGS, AND HER NERVES WERE SHATTERED AND REMAIN SHATTERED TO THIS DAY.

Encl: 1000, Report & 5 Photos.

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



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 78175 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



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

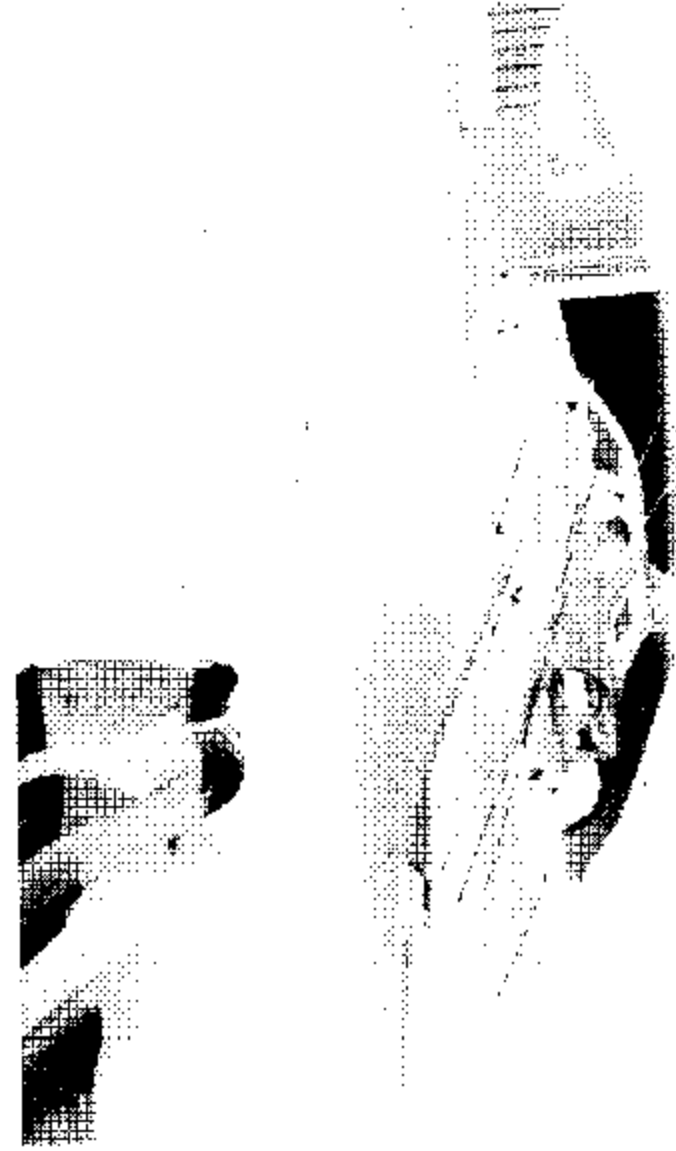
1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT

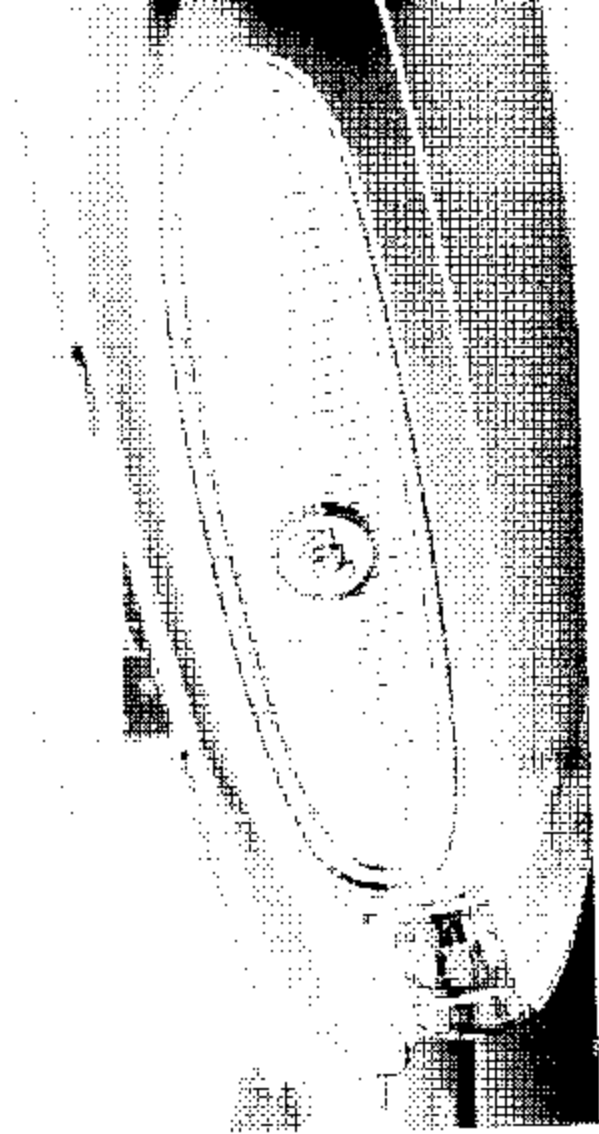


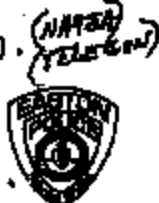
U.S. Department of Transportation
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<http://www.nhtsa.dot.gov/defects>











FORM 79

7/6/04

EASTON POLICE DEPARTMENT ACCIDENT INFORMATION FORM

CASE NUMBER	CENTRAL FILE NUMBER
	04-902140

DATE AND TIME OF ACCIDENT: 7/6/04 11:00
 LOCATION OF ACCIDENT: Rt 33/ Rt 33 EASTON, MD 21601

OPERATOR'S NAME: [REDACTED] OPERATOR'S PHONE: [REDACTED]

YEAR: [REDACTED] TAG NUMBER: [REDACTED] STATE: MD VIN NUMBER: [REDACTED] MAKE OF VEHICLE: Buick MODEL: [REDACTED]

OWNER'S NAME: [REDACTED] OWNER'S ADDRESS: [REDACTED] PERMIT NUMBER: [REDACTED]

INSURANCE COMPANY: [REDACTED] POLICY NUMBER: [REDACTED] AGENT NAME: [REDACTED] PHONE NUMBER: [REDACTED]

TOWED BY: [REDACTED] TOWED TO: [REDACTED]

OPERATOR'S NAME: [REDACTED] OPERATOR'S ADDRESS: [REDACTED] OPERATOR'S PHONE: [REDACTED]

OPERATOR'S LICENSE: [REDACTED] STATE: MD DATE OF BIRTH: [REDACTED] SEX: [REDACTED] MAKE OF VEHICLE: [REDACTED] MODEL: [REDACTED]

YEAR: [REDACTED] TAG NUMBER: W3AC-D3N STATE: MD VIN NUMBER: [REDACTED] OWNER'S NAME: [REDACTED] OWNER'S ADDRESS: [REDACTED] PERMIT NUMBER: [REDACTED]

INSURANCE COMPANY: [REDACTED] POLICY NUMBER: [REDACTED] AGENT NAME: [REDACTED] PHONE NUMBER: [REDACTED]

TOWED BY: [REDACTED] TOWED TO: [REDACTED]

NO Maryland Vehicle Law does not require parties to an accident to file a written report with the Maryland Motor Vehicle Administration. This accident has been reported to the police. The Officer's responsibility is to only ensure your safety and the exchange of information.

YES A copy of this report can be obtained approximately five (5) business days after the accident by forwarding a written request with a self-addressed envelope to: Easton Town Office P.O. Box 518, Easton, MD 21601 (410) 822-2475. Your request must be accompanied by a non-refundable check or money order in the amount of \$3.00, made payable to the Town of Easton. Include general accident information provided on this form. If you wish to obtain this information in person, you must come with a receipt from the Easton Town Office located at 14 S. Harrison Street, Easton, MD, and present it to the Records Clerk at the Easton Police Department at 106 West Dover Street, Easton, MD 21601. Please call ahead at (410) 822-1111 to make sure that your report is available.

- Maryland Law requires the driver of each vehicle in an accident to provide information to an involved vehicle or property to:
1. Give name, address, and registration number of the vehicle he/she is driving; and
 2. Upon request exhibit his/her license to drive, if it is available, to any person injured in the accident, and the driver, occupant of, or person attending any vehicle or other property damaged in the accident; and
 3. Give the name and address of the insurance carrier.
 4. Give the name and address of the local agent or local office and the policy or other identifying number of the liability insurance, if available. You should immediately contact your insurance agent and report your involvement in the accident providing the information on this form.

ID NUMBER: [REDACTED] DATE: [REDACTED] SIGNATURE: [REDACTED]

Unit [REDACTED] 4/1