



## Office of Defects Investigation

10081942

## VOQ Confirmation

Your Complaint Information is successfully submitted.

Your Confirmation number (ODI Number) is: ~~XXXXXXXX~~

## Your Complaint Information

## Consumer Information

Name : [REDACTED]  
Org. Name : [REDACTED]  
Address : [REDACTED]  
City, State, Zip : North Branford, CT [REDACTED]  
USA  
Daytime Phone : [REDACTED] Ext :  
Evening Phone : [REDACTED] Fax :  
Email : [REDACTED]

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## Complaint Information

Description :  
Incident Date : 0/0/0 Fire : No  
Num. Fatalities : Crash : No  
Num. Failures : Property Damage : No  
Num. Injured : Police Report : No  
Referral Source : N/A

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2004 JUN -4 PM 5:40



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Form Approved OMB No. 2127-0001

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| Consumer » Complaint » Preview                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>Consumer Information</b><br>* Denotes required field                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |
| Title : <input type="text" value="Mr"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Org. Name : <input type="text"/>                     |
| First Name :*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PII : <input type="text" value="A"/>                 |
| Last Name :*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      |
| Address 1 :*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      |
| Address 2 :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |
| City :*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Zip Code :*                                          |
| State :*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Country : <input type="text" value="UNITED STATES"/> |
| Daytime Phone :*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Evening Phone :*                                     |
| Fax :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      |
| Email :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |
| <p>There are occasions when NHTSA would like to provide automobile manufacturers with copies of questionnaires, including personally identifiable information (e.g. name, address, telephone number, etc.). Manufacturers, like NHTSA, use these questionnaires to identify safety-related defects, analyze alleged problems, and remedy safety defects. By providing manufacturers with questionnaires that contain personally identifiable information, manufacturers can contact owners to seek clarity, obtain additional details, and in some cases, inform the owners of actions being taken to rectify the problem.</p> <p>If you would like to authorize NHTSA to release this questionnaire (including your personally identifiable information) to the manufacturer of your vehicle, please check the "YES" box. Your personally identifiable information will be used only for the purposes described above. If you do not wish to authorize such a release, please check the "NO" box and your personally identifiable information will not be released to the manufacturer.</p> <p>See <a href="#">Privacy Statement</a> below.</p> <p>I hereby consent to the release of the personally identifiable information contained in this questionnaire to the manufacturer of my vehicle. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> |                                                      |
| Start Over                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Back                                                 |
| Previous                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Edit                                                 |

The Privacy Act of 1974 - 5 U.S.C. 552a, as amended. The Privacy Act of 1974 requires Federal agencies to protect an individual's right to privacy when they collect personally identifiable information. Specifically, the Act prevents the release of personally identifiable information without prior authorization. The information requested in this questionnaire is made pursuant to the authority vested under the National Traffic and Motor Vehicle Safety Act of 1966 and subsequent amendments. You are under no obligation to respond to this questionnaire. If you choose to respond, your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or statistical summary thereof, may be used in support of the agency's action. No names or other personally identifiable information will be disclosed without explicit authorization.



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|                                                                                                                                                                                                                                                                                             |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <a href="#">Consumer</a> » <a href="#">Complaint</a> » <a href="#">Preview</a>                                                                                                                                                                                                              |                                                               |
| <b>Complaint Information</b><br>* Dates are required field                                                                                                                                                                                                                                  |                                                               |
| Please enter the complaint details and then click on "Process" to select a Complaint Type                                                                                                                                                                                                   |                                                               |
| <div style="display: flex; justify-content: space-around;"> <span>Details</span> <span>Complaint Type</span> </div>                                                                                                                                                                         |                                                               |
| <b>Narrative Description of Incident(s), Crash(es), and Injury(ies).</b><br>Please describe:<br>(1) events leading up to the failure,<br>(2) failure and its consequences, and<br>(3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available) |                                                               |
| are following page                                                                                                                                                                                                                                                                          |                                                               |
| Description : *                                                                                                                                                                                                                                                                             |                                                               |
| Incident Date : *                                                                                                                                                                                                                                                                           | May 2001                                                      |
| Number of Fatalities                                                                                                                                                                                                                                                                        | 0                                                             |
| Number of Injuries                                                                                                                                                                                                                                                                          | 2                                                             |
| Number of Persons Injured                                                                                                                                                                                                                                                                   | 0                                                             |
| What source referred you to this site :                                                                                                                                                                                                                                                     | OTHER                                                         |
| Was there a Fire :                                                                                                                                                                                                                                                                          | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Was there a Crash :                                                                                                                                                                                                                                                                         | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Property Damage :                                                                                                                                                                                                                                                                           | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Reported to Police :                                                                                                                                                                                                                                                                        | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| <a href="#">Start Over</a>                                                                                                                                                                                                                                                                  | <a href="#">Back</a>                                          |
| <a href="#">Process</a> <a href="#">Exit</a>                                                                                                                                                                                                                                                |                                                               |

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Re: ODI [REDACTED]

We own a 2000 Buick Regal and there is either a manufacture's defect or a design flaw in the fog lamp component. Either the required bulb is too hot or the distance between the bulb and bottom of unit is too close and a hole is burned through allowing water to collect in the fog lamp unit and causing the bulb to burn out. The dealer refused replace the unit and said it was not a defect. We were told that they would have to order two units, which they did on May 5, 2004 but, coincidentally, they had to use them before we could pick one up. (I assume at least one other car came in with the same problem!) At ~\$70 per unit it is going to get expensive to keep replacing them. We were lucky that it did not cause a short in the electrical system.