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 117

Date Received: 18-OCT-2004 (2004 Nov...)

Repository ☐

Reference No. 2:47 10097045

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City GARDEN CITY | State NY | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization NHTSA WILL NOT provide your name or address to the vehicle manufacturer. ☐ YES ☒ NO

Signature of Owner [redacted] Date 11/18/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G4HP54K224[redacted]	BUICK	LESABRE	2002

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
1/ /2002	Karp Buick & Volvo 516-764-0200	6	Gas

Original Owner	Dealer's City	State	Zip Code
☒	Rockville Centre	N.Y	11530

Transmission Type: AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain: ~~4-WHEEL DRIVE~~

Vehicle Component Code: 221300 SEATS:FRONT ASSEMBLY:HEAD RESTRAINTS

Multiple Failure: Since Purchase 2002, Continuous

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
~~11-OCT-2004~~ 17 Apr 2004	10,000	35	Head Restraint Falls down on own resulting in being too low. Injuries to cervical spine after MVA

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 DOT PAL9ABC036) | ☐ 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 ...)

Crash	Fire	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).

THE FRONT HEAD RESTS FAILED TO LOCKED IN PLACE. THE CONSUMER HAD AN ACCIDENT WHILE DRIVING APPROX. 35 MPH, THE HEAD REST HAD FALLEN DOWN THE CONSUMER WAS INJURED. *JB

Hyper extension injury to cervical spine,
Poor design; Head rests does not lock in place or stay up or go up high enough.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY