



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 241

Date Received

Repository

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Reference No.
10097835

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: ASHEVILLE State: NC Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]

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: [REDACTED] Date: 11/16/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: AC5DB03C225 [REDACTED]
Make: BUICK Model: RENDEZVOUS Model Year: 2001
Date Purchased: 15-DEC-01 Dealer's Name and Telephone Number: DEAL BUICK
Original Owner: Dealer's City: Asheville State: NC Zip Code: 28804
Engine: No: Cylinders: 4 Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: 4 WHEEL DRIVE
Vehicle Component Code: 015000 STEERING:HYDRAULIC POWER ASSIST SYSTEM
Multiple Failures: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 10-AUG-2004 Failure Mileage: 48000 Failure Speed: 55

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTMALBABC036): [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 by detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: 0 Number of Deaths: 0 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).

POWER STEERING ASSIST CUT OFF INTERMITTENTLY WHILE DRIVING 0-55 MPH. VEHICLE ACCELERATED AND LURCHED FORWARD WHILE PULLING INTO A PARKING SPACE. CAUSE IN VEHICLE TO HIT A BRICK WALL UPON IMPACT. BOTH FRONTAL AIR BAGS DEPLOY. DRIVER SUSTAINED MINOR INJURIES, AND WAS TRANSPORTED TO THE LOCAL HOSPITAL. DEALER AND MANUFACTURER WERE NOT NOTIFIED. 44K

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974, Public Law 93-578 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.