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 ☐
09-NOV-2004	Reference No. 10099651

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
ROBERT J GUEST		
Address: 3687 TWOROD ROAD	Evening Telephone Number	
City: EAST AURORA State: NY Zip Code:		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an [illegible] will not provide your name or address to the vehicle manufacturer.
Signature of Owner: [signature] Date: 11/28/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G4HP54K0YU	BUICK	LESABRE	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
15-OCT-00	Delia			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City: EAST Aurora	State: NY	Zip Code: 14052		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	133000 VISIBILITY:POWER WINDOW DEVICES AND CONTROLS
			Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
20-SEP-2004	57000		

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: DOTMALBABC038)	☐ 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 the Incident(s), Fatality(ies), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 WINDOW ON PASSENGER'S REAR WOULD NOT CLOSE. DEALER WAS CONTACTED, AND INFORMED THE CONSUMER THAT THIS VEHICLE WAS NOT COVERD UNDER A RECALL. *AK

Front Windows left & right were covered under extended Warranty rear window was not. When rear window was repaired I noticed the adjusting screw top right window will ride against when rolling causing cable to malfunction

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I believe poor engineering of adjustment at the window - sill or horizontally molding on inside, thus putting strain on cables.
By rearranging adjustment arm & place double strut to stabilize travel this may solve problem.
Safety factor for young children in vehicle also property since vehicle may be stolen.

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

BUFFALO NY 142 PM 30 NOV 2004

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 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

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DOT AUTO SAFETY HOTLINE

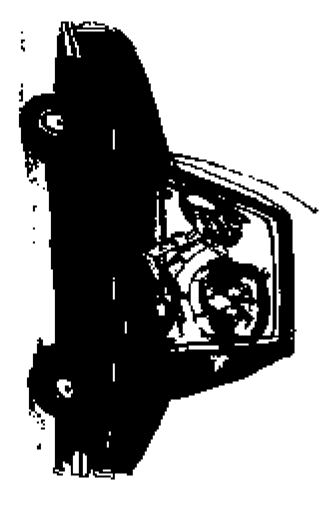
TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT
1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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