



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 100248

Date Received **2005 Jan**
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OWNER INFORMATION (Type or Print)

Name _____
Address _____
City **COLUMBUS** State **IN** Zip Code _____
Daytime Telephone Number _____ E-mail Address _____
Evening Telephone Number _____

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 _____ Date **12, 16 04**

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: **1G4NP54K41** Make **BUICK** Model **LESABRE** Model Year **2001**
Date Purchased **7/8/02** Dealer's Name and Telephone Number **Poynter 812-522-5246** Engine: No. Cylinders **6** Fuel Type: **Gas**
Original Owner Dealer's City **Seymour** State **IN** Zip Code **47274**
Transmission Type **AUTOMATIC** Antilock Brakes Powertrain _____ Vehicle Component Code **135100 VISIBILITY:WINDSHIELD WIPER/WASHER:SWITCH/WIRING**
 Cruise Control Multiple Failure: **1**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **24-NOV-2004** Failure Mileage **50200** Failure Speed **50 mph** **25704865 arm**

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: DOTM189ABC036) 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), 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).

LEFT WINDSHIELD WIPER FAILED DURING A STORM, INCREASING THE RISK OF A CRASH. INFORMED BY THE DEALER THAT THE WIRING WILL HAVE TO BE REPLACED. *AK

Wiring was not the problem. The 25704865 arm, where it connects to the transmission motor shaft stripped the threads. This part was replaced.

Include, if available: Police/Fire Department Report, 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 responses 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 responses, 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)

Driving down a rural country road. Left side wiper blade quit operating in middle of windshield. Discovered the threads on inside of arm had stripped. I had some tools and was able to take the arm off the other side and put on driver's side so I could continue. I was fortunate that I did not meet any traffic as I could not see through the windshield because of the rain.

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 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**

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and dial toll free at

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DOT Auto Safety Hotline
(DASH) 2 DOT



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**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**