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	100222
Date Received 25-MAR-2005	Repository ☐
	Reference No. 10115867

OWNER INFORMATION (Type or Print)

Name	
Address	
City SARASOTA	State FL
Zip Code	
Daytime Telephone Number	
Evening Telephone Number	
E-mail Address	

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 __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2G4WE537B5	BUICK	LACROSSE	2005

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type: Gas
Oct '04	Darby Buick	6	Regular

Original Owner	Dealer's City	State	Zip Code
☒	Sarasota	FL	34231

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	141100 AIR BAGS:FRONTAL:SENSOR/CONTROL MODULE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
04-OCT-2004	200	

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

THE AIR BAG SENSOR FOR THE PASSENGER SIDE FRONT IS SHOWING, AIR BAG OFF. PASSENGER WEIGHS 80 LBS, AND THE SENSOR STILL READS THE SAME. THIS MEANS THAT FRONT PASSENGER DOES NOT HAVE AN AIR BAG. MANUFACTURER STATED THEY WILL TRY TO FIGURE OUT WHAT WAS GOING ON.*AK

General Motors has agreed to repurchase the vehicle.

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