



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 100148

Date Received

Repository ☐2 MAY -8 AM
18-MAY-2005Reference No.
10121281

OWNER INFORMATION (Type or Print)

Name

Address

City

BROOKLYN

State

NY

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?

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/1

☒ YES ☒ NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

Make

BUICK

Model

LACROSSE

Model Year

2005

Date Purchased

12/09/04

Dealer's Name and Telephone Number

BRUNO BUICK SVCS. 718-966-2011

Engine:

No. Cylinders

Fuel Type:

GAS

Original Owner

Dealer's City

BROOKLYN

State

NY

Zip Code

11232

Transmission Type

Auto

☒ Anti-lock Brakes☒ Cruise Control

Powertrain

3.8 V6

Vehicle Component Code

030000 SERVICE BRAKES, HYDRAULIC

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

18-MAY-2005

Failure Mileage

Failure Speed

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: DOTM18ABC036)

☐ 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 all vehicle-related, successful, completed, and interrupted.)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

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).

DT: RECEIVED A RECALL NOTICE A MONTH AGO ON THE BRAKES. THEY CALLED THE LOCAL DEALER 3 TIMES, AND HE SAID BUICK HAD NO PARTS TO FIX THIS CAR. *AK

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 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 this agency's action.