



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

22-JUL-2005

Reference No.
10129734

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City WARNER ROBINS State GA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

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 your signature, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 7/29/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2G4WD53275 [REDACTED] Make BUICK Model LACROSSE Model Year 2005
Date Purchased 23-FEB-05 Dealer's Name and Telephone Number EDDIE WIGGINS Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City WARNER ROBINS State GA Zip Code 31905
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE
Vehicle Component Code 036000 SERVICE BRAKES, HYDRAULIC: ANTILOCK
Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 30-JUN-2005 Failure Mileage 3500 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: DOTM19ABC036) 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 Number of Deaths Reported to Police

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: CONTACT STATED HIS BRAKES WERE DEFECTIVE. THE FIRST TIME IT OCCURRED AT 3,535 MILES. THEY LOOKED AT THEM AND TIGHTENED SOMETHING. THE SECOND TIME IT HAPPENED AT 5567 MILES, THEY REPLACED THE BRAKE PADS. THE THIRD TIME IT OCCURRED AT 5,947 MILES. GM SAID THERE WAS A FLAW IN THE BRAKES. THE PADS WERE CRYSTALLIZING. CONTACT NOTICED A PROBLEM WITH THE BRAKES AT 3,500 MILES. GM TOLD THE DEALER NOT TO DO ANYTHING ELSE TO THE BRAKES ON 6-30-05. CONTACT SAID THERE WERE NO LIGHTS THAT CAME ON PRIOR TO THE BRAKE PROBLEMS. *AK

See other side

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 the agency's action.

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

Second time to dealer should read; Adjust Hand break.

Talked to GM they refused to provide a car while mine sits with a brake problem that I feel that is unsafe. GM asked that I take it back to dealer. Dealer Has already told me that GM is waiting on re design of Front Brake Pads. No Time frame had been Given.

Just one run around after the other from GM

ATTACH ADDITIONAL SHEETS IF NECESSARY

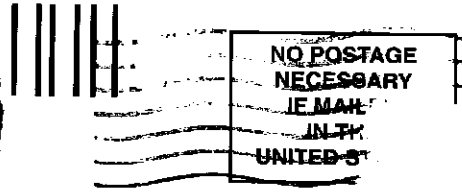
U.S. Department of Transportation

National Highway Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

395

Private Use \$300

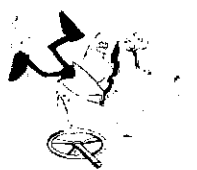
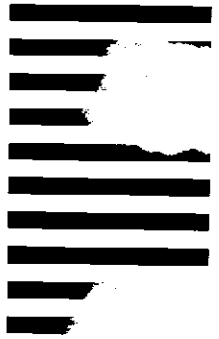


BUSINESS REPLY MAIL

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

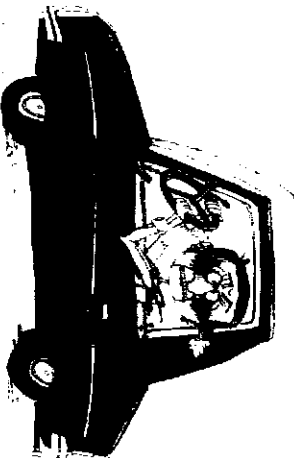
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and dial toll free at

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DOT Auto Safety Hotline (DASH) 2 DOT



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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).**