



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

2005 NOV 29 PM 4:13  
02-NOV-2005

Reference No.  
10141550

OWNER INFORMATION (Type or Print)

Name: [REDACTED]  
Address: [REDACTED]  
City: DEARBORN HEIGHTS State: MI Zip Code: [REDACTED]

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: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 3G50A035 [REDACTED]  
Make: BUICK Model: MENDEZVOUS Model Year: 2003  
Date Purchased: 01-NOV-02 Dealer's Name and Telephone Number: ZUBOR BUICK UNKNOWN Engine: No. Cylinders: 6 Fuel Type: Gas  
Original Owner:  Dealer's City: TAYLOR State: MI Zip Code: [REDACTED]  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control Powertrain: FRONT WHEEL DRIVE  
Vehicle Component Code: 034500 SERVICE BRAKES, HYDRAULIC: FOUNDATION COMPONENTS  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 31-OCT-2005 Failure Mileage: 37000 Failure Speed: 35

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: \_\_\_\_\_ Tire Model (Name or Number): \_\_\_\_\_ Tire Size (Example P216/65R15): \_\_\_\_\_  
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), event(s), condition(s) and any other information.)

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: THE CONTACT STATED THE BRAKES WERE MAKING SQUEAKING NOISES. UPON FURTHER INSPECTION HE DISCOVERED THE WEAR INDICATORS ON THE BRAKES WERE GONE, AND THE CLIPS THAT HOLD THE BRAKE SHOES WERE MISSING. HE PURCHASED A SHOE CLIP KIT AND PLACED THESE ON THE FRONT BRAKES. SINCE THIS CORRECTION THERE HAVE BEEN NO FURTHER PROBLEMS. \*AK  
MADE NOISE

TWO CLIPS WERE COMING OUT ON THE PASSENGER SIDE OF THE OUTSIDE SHOE.  
ONE CLIP WAS GONE ON THE DRIVER SIDE AND THE OTHER WAS COMING OUT ON THE OUTSIDE SHOE. PLENTY OF SHOE LEFT. (over)

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)

GEN. MOTORS REPORT NO. [REDACTED]

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation



Mr. John J. Zaleski  
6630 Plainfield St.  
Dearborn Heights, MI 48127

DETROIT MI 482

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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



**VEHICLE  
OWNER'S**

**QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

**TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM**

**OR**

**DASH2DOT**

and dial toll free at

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**1-888-327-4236**

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(DASH) 2 DOT



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