



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
11 PM 12:23
19-DEC-2006

Repository
Reference No.
10145643

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City NORTH HUNINGDON State PA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 12/19/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G4MP5 [REDACTED] Make BUICK Model LESABRE Model Year 2001
Date Purchased 12-FEB-01 Dealer's Name and Telephone Number HAMILTON BUICK 724-883-8200 Engine: No. Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City IRWINE State PA Zip Code 15642
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain [REDACTED] Vehicle Component Code 081000 ENGINE AND ENGINE COOLING:ENGINE
Multiple Failure: 12

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 10-DEC-2005 Failure Mileage 10338 Failure Speed 30mph

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM1A9ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Check or write in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] 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 VEHICLE STALLED AND LOST POWER. THERE WERE NO WARNING SIGNS PRIOR TO THE FAILURE. THE VEHICLE WAS TOWED TO A DEALERSHIP, WHERE THEY REPLACED THE ENGINE FUEL PRESSURE REGULATOR. REPAIRS WERE MADE AT THE CONTACT'S EXPENSE. THE MANUFACTURER HAS BEEN CONTACTED. *AK

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

The Privacy Act of 1974 (Public Law 93-502) 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)

Vehicle not towed - I drove to dealer only 2 miles from residence
stalled twice during that distance
Total distance driven before calling for service about 10 miles
- stalled - losing all power several times 12/17/05
Track appropriate for service soon as possible
12/19/05
Copy of repair enclosed



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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 78173 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

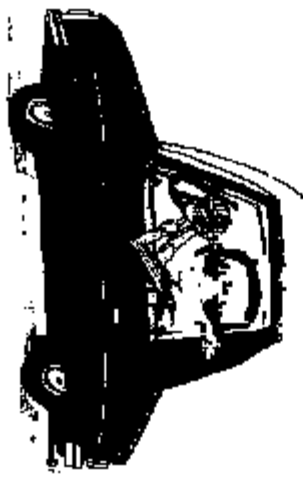
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

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DOT Auto Safety Hotline
(DASH) 2 DOT



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