



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

RECEIVED
27 FEB 2006
20 JAN 2006

11: 27
Reference No.
10148868

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: LAWRENCEVILLE State: GA 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 authorized signature, NHTSA will NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 2/13/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 3G5DA03E83S [REDACTED]
Make: BUICK Model: RENDEZVOUS Model Year: 2003
Date Purchased: 30-JAN-03 Dealer's Name and Telephone Number: BARANCO PONTIAC, GMC, INC. Engine: No. Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: LILBURN State: GA Zip Code: 30047
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: [REDACTED]
Vehicle Component Code: 010000 STEERING
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 22-JUN-2004 Failure Mileage: 7421 Failure Speed: 5

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: DOTM15ABC036): [REDACTED] 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

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: 1 Number of Deaths: 0 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).

DTA: THE CONTACT STATED THE VEHICLE ROLLED OVER WHILE ATTEMPTING TO MERGE ONTO THE HIGHWAY. THIS OCCURRED AFTER DEPRESSING THE BRAKE, THE VEHICLE BEGAN TO SHIMMY BECAUSE OF LOSS OF STEERING, AND IT VEERED TO THE RIGHT AND TURNED OVER. THE DEALERSHIP HAS BEEN CONTACTED AND WAS UNABLE TO DETERMINE WHY THE FAILURE OCCURRED. THE VEHICLE WAS DEEMED TOTALED BY THE INSURANCE AGENCY. THE POLICE WERE NOT ALERTED. THERE IS A NHTSA RECALL, # 03V052000 REGARDING THE STEERING. THE VEHICLE HAS THE SAME PROBLEMS AS INDICATED IN THE RECALL; HOWEVER THE RECALL LETTER WAS NOT RECEIVED UNTIL AFTER THE INCIDENT

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.