



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
2004 FEB 26
30-JAN-2006

Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City LAWRENCEVILLE 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 an [REDACTED] name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 2/23/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number located on bottom of windshield on driver's side
3G5DA0 [REDACTED] Make BUICK Model RENDEZVOUS Model Year 2003
Date Purchased 01-JAN-03 Dealer's Name and Telephone Number BURANCO Engine: No. Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City LILBURN State GA Zip Code
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain UNKNOWN Vehicle Component Code 030000 SERVICE BRAKES, HYDRAULIC
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-JUN-2004 Failure Mileage 7000 Failure Speed 10

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R16)
DOT No. (Example: DOTMALSABC036) 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 1 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 WHEN THE BRAKE WAS APPLIED, THE VEHICLE BEGAN TO SHAKE. THE VEHICLE THEN ROLLED OVER THREE TIMES. THIS OCCURRED AT 6-10 MPH IN BUMPER TO BUMPER TRAFFIC ON A DRY ROAD. THE POLICE WAS NOT CONTACTED AND THE VEHICLE WAS DRIVEN HOME ON FOUR FLAT TIRES. THE CONTACT SUSTAINED HEAD, NECK, AND BACK INJURIES. THE INSURANCE COMPANY INSPECTED THE VEHICLE AND DEEMED IT TOTALED.

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.





