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
2006 APR -6 PM 2:42 07-MAR-2006	Reference No. 10152104

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City TUPELO / State MS / Zip Code	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	Make	Model	Model Year
1G4HP64KB2	BUICK	LESABRE	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-MAY-02	COPELAND AUTOMOTIVE UNKNOWN			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City CORINTH	State MS	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	162700 STRUCTURE:BODY:TRUNK LID Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
07-MAR-2006	62000	NA	PARTS ORDERED 3/08/06 BY DEALER BLACKMON BUICK TUPELO 3584

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: DOTMAL9ABC056)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	1	0	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 SOMETIMES THE TRUNK LID FAILS TO REMAIN OPEN AND UNEXPECTEDLY FALLS DOWN, RESULTING IN MINOR INJURY TO THE PERSON WHO OPENED IT. THE VEHICLE WAS SEEN BY A DEALER WHO WAS UNABLE TO DETERMINE THE CAUSE OF THE PROBLEM, AND NO REPAIRS WERE MADE.. PARTS ORDERED 03/08/06 REPAIR MADE 3/17/04 TUPELO MS. 38801 NORMAL OPERATION NOW. 134 BLACKMON BUICK TUPELO MS 38801

EXCELLENT SERVICE

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