



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  
 2007 JAN 10 AM 9:40  
 08-DEC-2006

Repository   
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**OWNER INFORMATION (Type or Print)**

Name [Redacted]  
 Address [Redacted]  
 City WATERBURY CENTER State VT Zip Code 05677

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 a signature, please provide your name or address to the vehicle manufacturer.  
 Signature of Owner [Redacted] Date 12/18/2006

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
 1G4HR54K834 [Redacted] Make BUICK Model LESABRE Model Year 2003  
 Date Purchased 01-OCT-02 Dealer's Name and Telephone Number MCMAHON CHEVROLET Engine: No: Cylinders 6 Fuel Type: Gas  
 Original Owner  Dealer's City MORRISVILLE State VT Zip Code 05661  
 Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 04-DEC 2006 Failure Mileage 36000 Failure Speed

**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: 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 accident, failure, consequences, and injury(ies).)

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 ODOR OF GASOLINE WAS NOTICED AROUND THE VEHICLE. IT WAS DRIVEN TO THE DEALER, WHO DETERMINED ONE FUEL LINES ON THE ENGINE RUBBED TOGETHER CAUSING A HOLE IN ONE OF THE HOSE, WHICH NEEDED TO BE REPLACED.

ONE  
 ↑  
 With Transmission Cable

The Transmission Cable Rubbed a Hole in the Fuel Line. Gas was Leaking on the Engine. Car could had caught on FIRE

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.