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| <br>U.S. Department<br>of Transportation<br><br><b>National Highway<br/>Traffic Safety<br/>Administration</b>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           | <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET: www.nhtsa.dot.gov/hotline</b> |                                                                                                                      | <b>FOR AGENCY USE ONLY 100148</b>   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | Date Received<br>15-DEC-2006                                                                                                                                                                                          |                                                                                                                      | Repository <input type="checkbox"/> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | Reference No.<br>10176226                                                                                                                                                                                             |                                                                                                                      |                                     |  |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                      | Daytime Telephone Number            |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                      | E-mail Address                      |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                      | Evening Telephone Number            |  |
| City<br>MARLBORO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           | State<br>NJ                                                                                                                                                                                                           | Zip Code                                                                                                             |                                     |  |
| Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.<br>Signature of Owner _____ Date ____/____/____                                                                                                                                                                                                                                                    |                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                      |                                     |  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                      |                                     |  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br>1G4HD57247U                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           | Make<br>BUICK                                                                                                                                                                                                         | Model<br>LUCERNE                                                                                                     | Model Year<br>2007                  |  |
| Date Purchased<br>01-SEP-06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Dealer's Name and Telephone Number<br>FREEHOLD PONTIAC BUICK GMC 732-462-0847                             |                                                                                                                                                                                                                       | Engine:<br>No: Cylinders 6                                                                                           | Fuel Type:<br>Gas                   |  |
| Original Owner<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Dealer's City<br>FREEHOLD                                                                                 | State<br>NJ                                                                                                                                                                                                           | Zip Code<br>07728                                                                                                    |                                     |  |
| Transmission Type<br>AUTOMATIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Antilock Brakes<br><input checked="" type="checkbox"/> Cruise Control | Powertrain<br>FRONT WHEEL DRIVE                                                                                                                                                                                       | Vehicle Component Code<br>117000 DIGITAL INSTRUMENT PANEL <input checked="" type="checkbox"/><br>Multiple Failure: 1 |                                     |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                      |                                     |  |
| Incident Date(s)<br>14-DEC-2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Failure Mileage<br>1230                                                                                   | Failure Speed                                                                                                                                                                                                         |                                                                                                                      |                                     |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b> <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                      |                                     |  |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Tire Model (Name or Number)                                                                               |                                                                                                                                                                                                                       | Tire Size (Example P215/65R15)                                                                                       |                                     |  |
| DOT No. (Example: DOTM19A8C036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair                      |                                                                                                                                                                                                                       | Failure Location:                                                                                                    |                                     |  |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                                                                                                                       | Tire Failure Type                                                                                                    |                                     |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b> <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                      |                                     |  |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date Manufactured:                                                                                        |                                                                                                                                                                                                                       | Model No./Name:                                                                                                      |                                     |  |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Installation System:                                                                                      |                                                                                                                                                                                                                       |                                                                                                                      |                                     |  |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | Failed Part:                                                                                                                                                                                                          |                                                                                                                      |                                     |  |
| <b>APPLICABLE INCIDENT INFORMATION</b><br><i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                      |                                     |  |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               | Number of Persons Injured                                                                                                                                                                                             | Number of Deaths                                                                                                     | Reported to Police<br>N             |  |
| Narrative Description of Incident(S), Crash(es), and Injury(ies).<br>Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;<br>i.e., parts repaired or replaced (and if old part is available).                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                      |                                     |  |
| DT*: THE CONTACT STATED WHILE DRIVING IN DAYLIGHT, THE DASHBOARD ILLUMINATION WAS NOT BRIGHT ENOUGH TO SEE THE SPEEDOMETER. THE DEALER DETERMINED IT OPERATED AS DESIGNED.                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                      |                                     |  |
| 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. |                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                      |                                     |  |

**Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)**

9/5/11-06  
My initial contact w/ a G.M. Service Person was on or about 9/11/06, advised to take Case To Dealership - Advised to contact G.M. on or about 9/11/06. I spoke to Mrs A. Cunningham at 1.866.790.5700 x 2093 - I was instructed to disc w/ Dealer and call back on 12.9.06. Matter has been assigned Case # 71-447 981303. At this time I indicated there was no question I was dealing with a Safety Problem. - Interestingly all gauges in the Speedometer Cluster are lighted, but Speedometer needle is not. ON 12.13.06 Dealership advised Auto is operating as designed. I stated then and still maintain the problem is a Result of an engineering error. In Dealer's Speedometer is well lighted, however

DOT  
NATIONAL HIGHWAY  
TRAFFIC SAFETY ADM  
400 7TH ST SW  
WASHINGTON DC 20590

OFFICIAL BUSINESS

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

US DEPARTMENT OF TRANSPORTATION  
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION  
OFFICE OF DEFECTS INVESTIGATION, NVS-210  
400 7TH ST SW  
WASHINGTON DC 20077-8214



Think your vehicle  
has a safety defect?



If so:

Use the enclosed  
form to file a report.

or visit:

[www.safercar.gov](http://www.safercar.gov)

or call:

Vehicle Safety Hotline  
888-327-4236

[www.nhtsa.gov](http://www.nhtsa.gov)

**NHTSA**

Vehicle Owner's Questionnaire (VOQ)  
U.S. Department of Transportation  
National Highway Traffic Safety Administration



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Narrative continues from NHTSA form

IN daylight, Lights do not function, Speed vehicle is being driven 90% at The time cannot be seen Other Than vehicles speedometer - instruments in this "Cluster" are lighted, both day and night. Not being able to be properly informed of Speed being driven, in my opinion a Severe Safety Hazard

On or about 12.13.06, I Received a call from Mr David Rutherford % G.M. (Telephone 1.866.790.5700 Ext. 20965. He advised, There is nothing They can do as This problem is a "Characteristic" of The car. He Related to his Case # 71.446-013398. Another message Received indicates That my Reported problem was assigned "Case # 71-447-981303 and was actively being worked on. At present time There are no repairs for this problem, however once repairs can be made I would be so advised. This message also advised a letter confirming this information could not be sent, additionally when I Requested to speak to a Supervisor, I was told none were available. This telephone call Received on or about 12.15.06 further advised, "we are working on it, we are aware of it", "There is more Than one vehicle involved

On 12.18.06 I was again contacted by a G.M. Representative. She The Representative, her call was to determine my Satisfaction with me

my 2007 Buick Lucerne. I advised to drive the vehicle was ~~problem~~ satisfactory, with exception to the problem I've been discussing with G.M. factory - customer Service Reps and my Dealer. I advised her as I had other G.M. Representatives, the "Spasometer" was difficult if not impossible to read during most daylight driving, due to lack of light.

This Representative paused briefly, then advised there been considerable feedback on the problem I had described. She assured me "Buick" continues to look into it. She further advised I should contact my dealer and refer them to Bulletin "060849021" dated 11.17.06.

This Representative <sup>identified her self as Joan</sup> ~~who is named Joan~~ then put me in telephone contact with an individual who identified himself as Ed Kean (a G.M. Engineer) who stated my complaint was under review for sometime, due to the large number of complaints received to date. Additionally the Kean stated Service Bulletin 060849021 A, had been updated on 12.5.06. Mr Kean stated he would make a follow up with G.M. Customer Services. He also stated contact would be made with me during month of January 2007, to determine my opinion of fix that he had discussed, designed to

(4)

partially, solve my problem. He also stated the problem has not yet been fully solved, however it is still being worked on. Mr. Kern, supplied a telephone number (1.313.972.6725) where he could be contacted.

Today 2.4.07, I have not heard from Mr. Kern, who, by far was most informative of all persons representing G.M., I've spoken with.

On 12.19.06 I spoke with Threshold Buick Service Manager "Buz", he confirmed information concerning the "Service Buick" and made arrangements to do required work A.S.A.P. On 12.26.06 The Dealer called advising repairs relating to Speedometer problem would be made 12.27.06

Referring back to 12.19.06 I received a call from Ms. DONNE PRICKETT, a G.M. Service Representative, she supplied her telephone # as 1.866.790.5700 - Ext. 21292. She stated that she is now my G.M. Service Representative. She stated, my comments concerning repairs to be made involving the Speedometer would be sought by her.

On 12.27.06 Ms. PRICKETT called and questioned if the Speedometer problem had been resolved by repairs made earlier today. I advised since repairs were made I only drove about 3 miles, and that I possibly saw some of a slight

improvement.

On 12.28.06 I called Ms Prickett at pre-arranged time. She was unavailable, I left her a recorded message advising that there was little or no improvement to the usability of the Sposdometer since repairs were made on 12.27.06. Later on this date Ms Prickett returned my call, she confirmed receiving my message and stated she would again contact the Dealer, then call me back.

On Tuesday 1.2.07 Ms Prickett called and advised, "If Dealer cannot do further repairs, she believed, it would be necessary for me to visit another Dealer." I replied, "I do not believe this is a Dealer problem, but is an engineering problem." Ms Prickett stated, she had no knowledge of what may be underlying to remedy the poor daylight usability of the Sposdometer, and as the engineer had stated repairs made were a "Stop Gap" remedy. It is a Countrywide problem and under G.M. engineering study. She again stated she had no engineering, or contact or knowledge of information I had received from Mr Kern (Engineer).

She insisted if there is a problem, the Dealer must fix it.

A second discussion believed again to be on

