



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

2008 FEB -1 AM 11:22  
07-JUN-2007

Reference No.  
10192670

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City TAHLEQUAH State OK 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 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: 1G4HP52K [REDACTED]  
Make: BUICK Model: LESABRE Model Year: 2003  
Date Purchased: 04-JAN-07 Dealer's Name and Telephone Number: Steve Smith Country  
Original Owner:  Dealer's City: Springdale State: Ark Zip Code: [REDACTED]  
Engine: No: Cylinders 6 Fuel Type: Gas  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control Powertrain: FRONT WHEEL DRIVE  
Vehicle Component Code: 103000 POWER TRAIN:AUTOMATIC TRANSMISSION  
Multiple Failure: 4

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

Incident Date(s): 24-MAY-2007 Failure Mileage: 50200 Failure Speed: Shudder in transmission when goes from 1st to 2nd gear.

**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 incident(s), Failure(s), Crash(es), 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).

TL\* THE CONTACT OWNS A 2003 BUICK LESABRE. THE CURRENT MILEAGE IS 50,800. THE FAILURE MILEAGE WAS 50,200. WHEN THE TRANSMISSION CHANGES FROM FIRST TO SECOND GEAR IT FEELS LIKE THE TRANSMISSION IS SLIPPING. A SHUDDER CAN BE FELT WHEN GIVING MORE THAN MODERATE ACCELERATION. THE DEALER STATED THAT THEY RECOMMEND A TWO CLUTCH ASSEMBLY.

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 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.

9-1-04

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

Vehicle developed a shudder in the  
transmission when shifting from 1st gear  
to second gear.

I am aware the unit is out of warranty.  
With slightly over 50,000 miles I expect  
better service from this vehicle.

I believe this may be a common problem  
with this transmission as there has been a  
bulletin AT-4T65-E

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

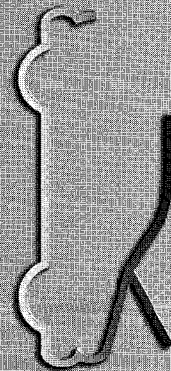
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
400 7th Street, SW  
Washington, DC 20590



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**



people saving people

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

THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXAMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).