



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 PM 12:36

Reference No.
10199786

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City BLISSSTON BLUFFTON State SC Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number
AS ABOVE

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 [REDACTED] Date 08/20/2007

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side JTDKB20U17[REDACTED]		Make BUICK	Model RENDEZVOUS	Model Year 2003
Date Purchased 01-SEP-03	Dealer's Name and Telephone Number (843) 815 1500 HILSON HEAD AUTOMOTIVE, BLUFFTON		Engine: No: Cylinders 4	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City BLUFFTON	State SC	Zip Code 29910	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 070000 FUEL SYSTEM, GASOLINE Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 06-AUG-2007	Failure Mileage 105000	Failure Speed 0	FUEL TANK AND FILLER
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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 RENDEZVOUS. THE CONTACT'S DAUGHTER STATED THAT THE VEHICLE CONSUMED A LOT OF FUEL. SHE FOUND A LARGE PUDDLE OF FUEL ON THE GROUND UNDERNEATH THE VEHICLE. SHE TOOK THE VEHICLE TO THE DEALER AND THEY STATED THAT THE WELD BETWEEN THE FUEL TANK AND THE FUEL FILLER FAILED. THE DEALER STATED THAT IT WAS A MANUFACTURER DEFECT. THE CURRENT MILEAGE WAS 110,000 AND FAILURE MILEAGE WAS 105,000.

THE DEALER WHO ~~REPAIRED~~ REPAIRED THE CAR WAS
CENTURY BUICK OF HUNTSVILLE, ALABAMA,
(REPAIR INVOICE TO FOLLOW)

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.