



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

04-SEP-2007
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Reference No.
710201768

OWNER INFORMATION (Type or Print)

Name
Address
City NORTH RIDGEVILL State OH Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [] NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner Date 9/30/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G4CW54K63
Make BUICK Model PARK AVENUE Model Year 2003
Date Purchased 28-JUL-03 Dealer's Name and Telephone Number ABRAHAM BUICK Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner [X] Dealer's City ELYRIA OHIO 44035 State Zip Code
Transmission Type AUTOMATIC [X] Antilock Brakes Powertrain FRONT WHEEL DRIVE Vehicle Component Code 190000 TIRES
[X] Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 03-SEP-2007 Failure Mileage 53000 Failure Speed 60

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make GOODYEAR Tire Model (Name or Number) CONQUEST Tire Size (Example P215/65R15) P205/75R14 M+S P225-60R16
DOT No. (Example: DOTM19ABC036) M6X0HKWR2902 [X] Original Equipment [] Prior Repair Failure Location: DRIVER SIDE FRONT
Tire Component Code 190000 TIRES Tire Failure Type TREAD SEPARATION

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 [X] No Fire [] Yes [X] No Number of Persons Injured 0 Number of Deaths 0 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 PARK AVENUE. THE VEHICLE HAS GOODYEAR CONQUEST RADIAL TUBELESS, SIZE P205/75R14 TIRES. WHILE DRIVING 60 MPH, THE VEHICLE BEGAN PULLING TO THE LEFT AND THE CONTACT WAS UNABLE TO STEER THE VEHICLE STRAIGHT. HE STATED THAT THE FRONT DRIVER SIDE TIRE HAD A RAISED RIB ON THE OUTER SIDE AND SEPARATION IN THE INTERIOR OF THE TIRE. THE CURRENT AND FAILURE MILEAGES ON THE TIRES AND VEHICLES WERE 53,000.

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.