



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

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**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
 Address [REDACTED]  
 City LEAGUE CITY State TX 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 [REDACTED] provide your name or address to the vehicle manufacturer.  
 Signature of Owner [REDACTED] Date 9/21/2007

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G4HP54K51 [REDACTED]  
 Make: BUICK Model: LESABRE Model Year: 2001  
 Date Purchased: 15-JAN-01 Dealer's Name and Telephone Number: GAY PONTIAC Engine: No: Cylinders 6 Fuel Type: Gas  
 Original Owner:  Dealer's City: DICKINSON State: TX Zip Code: [REDACTED]  
 Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control Powertrain: FRONT WHEEL DRIVE  
 Vehicle Component Code: 980000 OTHER  
 Multiple Failure: 1000

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

Incident Date(s): 20-JUL-2005 Failure Mileage: 40000 Failure Speed: 0

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]  
 DOT No. (Example: DOTM19ABC036): [REDACTED]  Original Equipment  Prior Repair Failure Location: [REDACTED]  
 Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
 Seat Type: [REDACTED] Installation System: [REDACTED]  
 Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

**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: 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 2001 BUICK LESABRE. THE CONTACT STATED THAT THE DASHBOARD WAS SEPARATING FROM THE WINDSHIELD. THE FAILURE BEGAN TWO YEARS AGO AT THE DRIVER SIDE AND HAS NOW EXTENDED TO THE PASSENGER SIDE. THE DASHBOARD IS ALSO BUCKLING, CRUMBLING, AND WARPED. THE WEATHER MAY BE A FACTOR. THE CONTACT CAN SEE THROUGH THE DASHBOARD, BUT NO WIRES ARE EXPOSED. THE DEALER STATED THAT THEY WILL REPLACE THE DASHBOARD FOR [REDACTED] BECAUSE IT IS NOT COVERED UNDER WARRANTY. THE FAILURE MILEAGE WAS 40,000 AND CURRENT MILEAGE WAS 63,000.

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 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.