



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 ☐

07-SEP-2007

DEC 12 AM 10: 07

Reference No.

10202174

OWNER INFORMATION (Type or Print)

Name

Address

City

AUSTIN

State TX

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO

In the absence of a signature, your name or address to the vehicle manufacturer.

Signature of Owner

Date 9/22/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G4HP54K2Y4

Make

BUICK

Model

LESABRE

Model Year

2000

Date Purchased

28-OCT-00

Dealer's Name and Telephone Number

SCOTT BUICK

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

☒

Dealer's City

PINELLAS PARK

State

FL

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

111000 ELECTRICAL SYSTEM: BATTERY

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

17-AUG-2007

Failure Mileage

26462

Failure Speed

0

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

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).

AUTO BATTERY ACID LEAK WHICH HAS EATEN A HOLE IN FLOOR OF CAR IN PASSENGER COMPARTMENT. BATTERY IS LOCATED IN PASSENGER COMPARTMENT UNDER REAR SEAT. ACID LEAKED FROM DAMAGED BATTERY POST OVER PERIOD OF TIME. DUE TO LOCATION OF BATTERY IT IS ONLY CHECKED WHEN CAR FAILS TO START DUE TO BATTERY FAILURE. HOLE IN FLOOR PERMITS CAR EXHAUST GASES TO ENTER PASSENGER COMPARTMENT.

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)

CAR WAS PURCHASED AT SEVITT BUICK, PINELLAS PARK, FL. IN OCT 2000. 1ST BATTERY FAILED IN MARCH 2003 WAS REPLACED BY SEVITT BUICK, NOCHARGE UNDER WARRANTY. MOVED TO AUSTIN, TX IN FEB 2006. IN AUGUST OF 2007, CAR WAS HAD STARTING, BATTERY WAS BAD. THIS WAS AT COVERT BUICK, AUSTIN, TX. BATTERY WAS REPLACED AND DAMAGE FROM ACID WAS DISCOVERED. COVERT BUICK BODY SHOP REPAIRED DAMAGED SHEET. DUE TO THE LOCATION OF BATTERY IT IS RARELY CHECKED. OWNER'S MANUAL DOES NOT CALL FOR CHECKING BATTERY AT ANY OF THE MILEAGE CHECKPOINTS. THE BATTERY SHOULD BE IN CASED IN A ACID PROOF CONTAINER THAT WOULD CONTAIN THE BATTERY ACID IF IT SHOULD LEAK. ALSO ACID PROOF COATING SHOULD BE APPLIED TO AREA NO INVOICES FOR METAL REPAIR AVAILABLE. ATTACH ADDITIONAL SHEETS IF NECESSARY. REPAIR WORK DONE UNDER "GOODWILL" PROGRAM.

AUSTIN TX 787

26 SEP 2007 PM 6 L

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

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

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline

888-327-4236

nhtsa
www.nhtsa.dot.gov
people saving people

Vehicle Owners Questionnaire (VOQ)
U.S. Department of Transportation
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safercar.gov