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: 19-OCT-2007 (2007 DEC 12 AM 8:37)

Repository ☐

Reference No.: 10206303

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City ELMWOOD PARK | **State** IL | **Zip Code** [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address [redacted]

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 11/24/2007

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G4HR54K6YU[redacted]	BUICK	LESABRE	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
04-JUN-07	JOHN DUFFIN 773-625-0319			No: Cylinders 6	Gas
Original Owner ☐	Dealer's City: CHICAGO	State: IL	Zip Code: 60634		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	133000 VISIBILITY:POWER WINDOW DEVICES AND CONTROLS Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
05-JUL-2007	23176	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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 2000 BUICK LESABRE. THE MECHANISMS THAT ALLOW THE WINDOWS TO GO UP AND DOWN WERE REPLACED THREE TIMES. THE FIRST TWO MECHANISMS WERE REPLACED ON JULY 5, 2007 AND THE THIRD ON SEPTEMBER 7, 2007. THE MECHANIC WHO PERFORMED THE REPLACEMENTS GUARANTEED THE WORK FOR ONE YEAR. THE CURRENT AND FAILURE MILEAGES WERE 23,176.

BUICK CASE # 71-554-659-032

BUICK ONLY OFFERED OIL CHANGES FOR 1YR.
NOTHING FOR WINDOW PROBLEM.
TWO OF MY FRIENDS ALSO HAVE SAME PROBLEM WITH THEIR BUICKS.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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).