



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 ☐

31-DEC-2007

Reference No.

10213286

Daytime Telephone Number

E-mail Address

Evening Telephone Number

OWNER INFORMATION (Type or Print)

Name

Address

City

CAMBRIA HEIGHTS

State

NY

Zip Code

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

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

Signature of Owner

Date 1/11/08

VEHICLE INFORMATION

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

2G4WD5321

Make

BUICK

Model

LACROSSE

Model Year

2005

Date Purchased
23-NOV-04

Dealer's Name and Telephone Number

JAMAICA BUICK PONTIAC 718-739-4300

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

☒

Dealer's City

JAMAICA

State

NY

Zip Code

11423

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

UNKNOWN

Vehicle Component Code

012000 STEERING: COLUMN

Multiple Failure: 6

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
09-MAR-2005

Failure Mileage
2000

Failure Speed
50

FRONT SUSPENSION, HARD STEERING, CAR
BUTTERFLIES OUT, LEFT FRONT BRAKE LOCKS

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: DOTM9ABC036)

☐ 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).

TL*THE CONTACT OWNS A 2005 BUICK LACROSSE. WHILE DRIVING APPROXIMATELY 50 MPH, THE VEHICLE BEGAN WOBBLING EXCESSIVELY AND THE STEERING COLUMN WAS DIFFICULT TO OPERATE. THE DEALER ROTATED THE TIRES AND ADJUSTED THE ALIGNMENT. THREE WEEKS AFTER THE REPAIRS WERE MADE, THE FAILURES RECURRED. HE TOOK THE VEHICLE BACK TO THE DEALER, BUT THEY WERE UNABLE TO DETERMINE THE CAUSE OF THE FAILURES. THE POWERTRAIN WAS UNKNOWN. THE FAILURE MILEAGE WAS 2,000 AND CURRENT MILEAGE WAS 47,470.

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.

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).