



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, Address, City (BELLMAWR), State (NJ), Zip Code

Daytime Telephone Number, Evening Telephone Number, E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [X] NO Signature of Owner, Date 2/23/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number (2G4WD58218), Make (BUICK), Model (LACROSSE), Model Year (2008), Date Purchased (15-NOV-07), Dealer's Name (FC Kerbeck), Engine (No: Cylinders 6), Fuel Type (Gas), Original Owner [X], Dealer's City (Palmyra), State (NJ), Zip Code (08065), Transmission Type (AUTOMATIC), Antilock Brakes [X], Cruise Control [X], Powertrain (FRONT WHEEL DRIVE), Vehicle Component Code (030000 SERVICE BRAKES, HYDRAULIC), Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) (01-FEB-2008), Failure Mileage (2700), Failure Speed (10)

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 [X] Yes [] No, Fire [] Yes [X] No, Number of Persons Injured (3 or 4), Number of Deaths (0), Reported to Police (Y) Rummeye, NJ Police

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 2008 BUICK LACROSSE. WHEN THE CONTACT DEPRESSED THE BRAKE PEDAL AT 10 MPH TO STOP THE VEHICLE, IT DID NOT RESPOND AND DRIFTED INTO AN INTERSECTION, CAUSING A SEVERE CRASH. THERE WERE NO WARNING INDICATORS PRIOR TO THE FAILURE. THE VEHICLE WAS COMPLETELY DESTROYED. THE CONTACT HAS PICTURES OF THE VEHICLE IN ITS CURRENT CONDITION. THE MANUFACTURER STATED THAT, WITHIN THE NEXT TWO WEEKS, THE VEHICLE WOULD BE INSPECTED TO DETERMINE THE CAUSE OF THE FAILURE. THE CURRENT AND FAILURE MILEAGES WERE 2,700.

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.