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

2008 APR -2 AM 7:39

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
07-MAR-2008	Reference No. 10220338

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City: WEST GROVE	State: PA	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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 3/13/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G4HP54K52U	BUICK	LESABRE	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
15-DEC-03	PINTO BUICK			No: Cylinders 6	Gas
Original Owner ☐	Dealer's City: OXFORD	State: PA	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain: 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	
24-APR-2007	40000		

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 2002 BUICK LESABRE. WHILE DRIVING AT AN UNKNOWN SPEED, THE FRONT DRIVER SIDE ELECTRICAL WINDOW CAME DOWN APPROXIMATELY ONE INCH. THE CONTACT PRESSED THE BUTTON TO RAISE THE WINDOW AND IT DROPPED. APPROXIMATELY FIVE MONTHS LATER, THE PASSENGER SIDE REAR WINDOW DOES NOT OPERATE AT ALL. SIX MONTHS LATER, THE REAR DRIVER SIDE WINDOW STOPPED OPERATING AS WELL. THE CURRENT MILEAGE WAS 45,000 AND FAILURE MILEAGE WAS 40,000.

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