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 ☐
15-APR-2008	Reference No. 10224636

2008 MAY -5 AM 7:18

OWNER INFORMATION (Type or Print)

Name [redacted]			
Address [redacted]			
City MESA	State AZ	Zip Code [redacted]	

Daytime Telephone Number [redacted]	E-mail Address
Evening Telephone Number [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 _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2G4WD56265[redacted]	BUICK	LACROSSE	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
11-NOV-05	COURY BUICK PONTIAC GMC 480-924-0123			No: Cylinders 6	Gas
Original Owner ☐	Dealer's City MESA	State AZ	Zip Code 85206		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	117000 DIGITAL INSTRUMENT PANEL Multiple Failure: 20

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
18-NOV-2006	19622	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 2005 BUICK LACROSSE. THE CONTACT STATED THAT HE IS UNABLE TO READ THE INSTRUMENTAL PANEL GAUGES AT DUSK OR DAWN. IN ORDER TO READ THE GAUGES, THE HEADLIGHTS MUST BE TURNED OFF. THE DEALER STATED THAT THE FAILURE IS DUE TO A FAULTY DESIGN AND THERE WAS NO REPAIR AVAILABLE. THE MANUFACTURER IS AWARE OF THE FAILURE AND ENGINEERS ARE CONDUCTING AN EVALUATION. THE CURRENT MILEAGE WAS 24,367 AND FAILURE MILEAGE WAS 19,622.

Turning off headlamps means that the car would not be easily seen. Another person made me aware of this "trick" to brighten display. How many - by word of mouth - may turn off lights. I have owned a Number of Buicks - their indifference to the problem may mean this will be the last.

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