



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 MAY -5 AM 7:27

FOR AGENCY USE ONLY 100148

Date Received

22-APR-2008
-5 AM 7:27

Repository

Reference No.
10225411

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City DETROIT State MI Zip Code [REDACTED]

Davtime Telephone Number [REDACTED] E-mail Address [REDACTED]
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 information to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 4/25/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 3G5DA03E8 [REDACTED]
Make BUICK Model RENDEZVOUS Model Year 2003
Date Purchased 01-JAN-03 Dealer's Name and Telephone Number BARANCO BUICK PONTIAC GMC Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City DEERBURN State GA Zip Code 30047
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 012000 STEERING:COLUMN Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-JUN-2004 Failure Mileage 1000 Failure Speed 5

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 1 Number of Deaths 0 Reported to Police Y

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 2003 BUICK RENDEZVOUS. ON JUNE 22, 2004, WHILE DRIVING BETWEEN 5 AND 15 MPH, THE FRONT END OF THE VEHICLE BEGAN WOBBLING FROM SIDE TO SIDE. THE VEHICLE FLIPPED OVER TWO OR THREE TIMES. NO OTHER VEHICLES WERE INVOLVED IN THE CRASH. THE REAR AND A SIDE WINDOW WERE SHATTERED. THE VEHICLE WAS DESTROYED ACCORDING TO THE INSURANCE COMPANY. A POLICE REPORT WAS FILED. THE CONTACT HAD BEEN DRIVING FOR THIRTY MINUTES BEFORE THE CRASH OCCURRED. GM SERVICED THE HEADLIGHTS AND PERFORMED AN OIL CHANGE APPROXIMATELY FIVE MONTHS PRIOR TO THE CRASH. THE CONTACT IS STILL UNDER A DOCTOR'S CARE AND HAS CARPHAL TUNNEL IN BOTH ARMS DUE TO THE CRASH. THE CURRENT AND FAILURE MILEAGES WERE 1,000.

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.