



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

2008 JUN 16 PM 2:05

16-MAY-2008

Reference No.
10227997

OWNER INFORMATION (Type or Print)

Name

Address

City PALOS HILLS

State IL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

2G4WC582681

Make

BUICK

Model

LACROSSE

Model Year

2008

Date Purchased

4/30/08

Dealer's Name and Telephone Number

ETTLESOL BUICK 28-579-5000

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

HODGKINS

State

IL

Zip Code

60525

6

Transmission Type

Auto

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

140000 AIR BAGS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

02-MAY-2008

Failure Mileage

200

Failure Speed

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: 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

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 2008 BUICK LACROSSE. THE CONTACT WAS EXPERIENCING EXTREME DIFFICULTY WITH THE FRONT PASSENGER SEAT AIR BAG SYSTEM SENSOR. HE HAS A HEALTH CONDITION THAT HAS AFFECTED HIS HEIGHT AND USES A SEAT CUSHION IN THE VEHICLE. WHILE IN THE DRIVER SEAT, THE CUSHION IS FINE BUT WHEN HE RIDES IN THE PASSENGER SEAT, HE IS UNABLE TO USE THE CUSHION BECAUSE IT SETS OFF THE SENSOR AND DEACTIVATES THE AIR BAG. THIS IS A SAFETY CONCERN BECAUSE HE IS UNABLE TO RIDE IN THE PASSENGER SIDE OF HIS VEHICLE WITH A WORKING AIR BAG. THE MANUFACTURER WAS UNABLE TO PROVIDE ASSISTANCE. AS OF MAY 16, 2008, THE SENSOR HAS NOT BEEN DEACTIVATED. THE FAILURE AND CURRENT MILEAGES WERE 200

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 to 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.