



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 <input type="checkbox"/>
21-NOV-2008	Reference No. 10249486

2008 DEC 19 PM 1:17

OWNER INFORMATION (Type or Print)

Name: [REDACTED]

Address: [REDACTED]

City: BOONVILLE State: NC Zip Code: [REDACTED]

Daytime 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?
In the absence of a written objection, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: [REDACTED] Date: 12-10-08 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G4HP52K2-[REDACTED]	Make BUICK	Model LESABRE	Model Year 2004
Date Purchased 2-12-05	Dealer's Name and Telephone Number YACKIN VALLEY CHRYSLER, PONTIAC, BUICK - GMC INC.	Engine: No. of Cylinders 6	Fuel Type: UNLEADED Regular
Original Owner PROGRAM CAR	Dealer's City JONESVILLE	State NC	Zip Code [REDACTED]
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain YES	Multiple Failure: Power Windows & etc.
Incident Date(s) 22-OCT-2008			

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 130000 VISIBILITY

Failure Mileage 92000	Failure Speed 70
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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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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 2004 BUICK LESABRE. WHILE THE CONTACT WAS PLACING FUEL INTO THE VEHICLE, THE FUEL GAUGE DIAL ON THE INSTRUMENT PANEL MOVED FROM FULL TO EMPTY. THE DIAL REMAINED ON EMPTY AND WOULD NOT MOVE. WHILE DRIVING 70 MPH, THE ENTIRE INSTRUMENT PANEL FAILED WITHOUT WARNING. THE DEALER STATED THAT THE ENTIRE INSTRUMENT PANEL NEEDED TO BE REPLACED. THERE WAS NO RECALL PERTAINING TO THIS FAILURE. THE FAILURE MILEAGE WAS 92,000.

We like our car, but feel that instrument panel should have work much longer, we take care of our vehicles.

See Attached

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

(See ATTACHED Repair Receipt)

INSTRUMENT PANEL: HOT & COLD, HAND STOPPED WORKING
FUEL: HAND STOPPED, SPEED METER STOPPED WORKING WENT
TO 120 MPH.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300

PIEDMONT TRIAD AREA
NOV TWO SEVEN FOUR 6

10 DEC 2009

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**

20077+9382



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline

888-327-4236



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



BOONVILLE

NC

CUSTOMER COPY PAGE 1

DATE	YEAR	MAKE	MODEL	VIN	STK/CUS	MILES IN	MILES OUT	TAG
11/24/08	04	BUICK	LESABRE	1G4HP52K24	58254	92419		
SERVICE DATE	NOTIFIED	SVC ADV	PROMISED DATE/TIME	LICENSE	RATE	PAYMENT	INV. DATE	
02/12/05	12/03/08	04	00:00		1.00	01	12/03/08	
R.O. NUMBER	TAX ID	HOME PHONE	BUSINESS PHONE					
72349				2				

REPAIR LINE 001

SEDO REG. 150 SETTING STILL TEMP GUSGE PEGS PAST HOT AND ITS NOT RUNNING HOT GAS GUA
 GE SETS ALL THE WAY AROUND PER CUSTOMER
 INSTALLED INSTRUMENT PANEL CLUSTER

Bill Code - C

REPAIRS	66 M A	160.00
	Total Labor	160.00
YY	CLUSTER	1
	Total Parts	225.00
	Total Line	385.00

Payment Type - 01 CASH SALES 417.27

[Handwritten Signature]

PAID

CK. NO.
 DATE 12-03-08

ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

STATEMENT OF DISCLAIMER

THE FACTORY WARRANTY CONSTITUTES ALL OF THE WARRANTIES WITH RESPECT TO THE SALE OF THIS ITEM/ITEMS. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. SELLER NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF ITS ITEM/ITEMS

CUSTOMER SIGNATURE

LABOR AMOUNT	160.00
PARTS AMOUNT	225.00
MISC. SALES	
MATERIALS	16.00
TOTAL CHARGE	401.00
DEDUCTIBLE	
SALES TAX	16.27
OTHER PAY	
CUSTOMER PAY	417.27