



DOT Auto Safety Hotline

U.S. Department of Transportation
National Highway Traffic Safety Administration

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"/>
06-JAN-2009	Reference No. 10253978

OWNER INFORMATION (Type or Print) **PERMANET**

Name	Address	Daytime Telephone Number	E-mail Address
Address	City	State	Zip Code
	DUNEDIN	FL	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of your authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.
Signature of C _____ Date 1/19/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G4HP52K54	Make BUICK	Model LESABRE	Model Year 2004
Date Purchased 5/10/07	Dealer's Name and Telephone Number PATIRE CHEV. BUICK 578-687-2309	Engine: No: Cylinders 6	Fuel Type: GAS
Original Owner <input type="checkbox"/>	Dealer's City HOOSICK FALLS	State NY	Zip Code 12090
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain ?	Multiple Failure: Incident Date(s) 01-JAN-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 110000 ELECTRICAL SYSTEM	Failure Mileage 42000	Failure Speed .50
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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 DRIVING 50 MPH, THE CONTACT NOTICED THAT THE FUEL GAUGE AND SPEEDOMETER DIAL STOPPED WORKING. THE ENTIRE INSTRUMENT PANEL FAILED. THE DEALER STATED THAT THE VEHICLE COULD STILL BE DRIVEN. THE CONTACT STATED THAT IT WAS A SAFETY HAZARD NOT KNOWING HOW MUCH FUEL IS IN THE VEHICLE WHILE DRIVING. THE FAILURE AND CURRENT MILEAGES WERE 42,000.

DRIVING ON I-88 NY STATE WITH SNOW ON THE ROAD WITH ABOUT 30 M. FIRST I NOTICE SOMEHOW LOSING SPEED, THEN THE NEEDLE OF THE TACHOMETER TO REGISTER 4000 TO 5000 RPM THEN ALL THE WAY TO RED AND THEN THE FUEL AND TEMPERATURE OVER

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)

I DROVE TO FL. SOMEHOW BLIND WITH THE FUEL GAGE
AND THE REST. SOMEONE TOLD ME THAT IT HAPPEN TO
HIM WITH THE MOIST (WATER ON THE ROAD.
AFTER 2 DAY IN FL. WITH DRY WEATHER THE
INSTRUMENTS WORK NORMAL! AND I DON'T THINK
THAT I NEED ANY REPAIR.

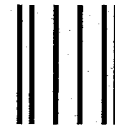
ATTACH ADDITIONAL SHEETS IF NECESSARY

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

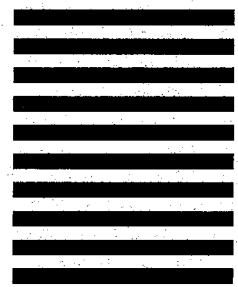


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

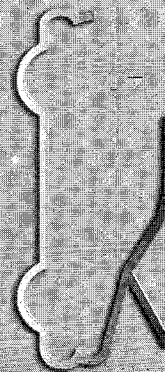
POSTAGE WILL BE PAID BY ADDRESSEE



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



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



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