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
JUL 16 2010	☐
24-MAY-2010	Reference No.: 10332000

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City EASTON **State** PA **Zip Code** [redacted]		

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G4HP54K524[redacted]	BUICK	LESABRE	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
	Easton Buick out of Business			6	905
Original Owner ☒	Dealer's City: Easton	State: Pa	Zip Code: 18045		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Auto.	☒ Antilock Brakes ☒ Cruise Control	Front	NO	25-MAR-2010 Every now & then

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 180000 VEHICLE SPEED CONTROL	Failure Mileage	Failure Speed
	62500	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	N	N	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 2002 BUICK LESABRE. THE CONTACT STATED THAT THE ACCELERATOR PEDAL BECAME STUCK WHENEVER THE VEHICLE WAS BROUGHT TO A COMPLETE STOP. THE CONTACT HAD TO PUSH DOWN HARD ON THE ACCELERATOR PEDAL SO THAT IT WOULD RELEASE AND THE VEHICLE WOULD MOVE FORWARD. THE VEHICLE HAD NOT BEEN INSPECTED AT THE TIME OF THE COMPLAINT. THE FAILURE MILEAGE WAS APPROXIMATELY 62,500. THE CURRENT MILEAGE WAS APPROXIMATELY 64,000.

#1-Start car & when you push the gas peddle it is stuck until you push harder on peddle, Then it snaps free.
#2-Did not have garage fix it yet- when I get it inspected will let you know about any parts later if need be

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