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
OCT 04 2010 23-JUL-2010	☐
Reference No. 10344910	

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City STERLING **State** VA **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
2G4WY55J5Y1[redacted]	BUICK	CENTURY	2000
Date Purchased 2000	**Dealer's Name and Telephone Number** Closed TYSONS BUICK	**Engine: No: Cylinders** 6	**Fuel Type:** G
Original Owner ☒	**Dealer's City** / **State** / **Zip Code**		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
	☒ Antilock Brakes ☐ Cruise Control			16-JUL-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC	Failure Mileage	Failure Speed
	150000	40

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			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 2000 BUICK CENTURY. WHILE DRIVING 40 MPH THE CONTACT APPLIED THE BRAKES AND HEARD A GRINDING METAL SOUND COMING FROM THE BRAKES. THE BRAKES FAILED TO ENGAGE CAUSING THE CONTACT TO CRASH INTO A VEHICLE. THERE WERE NO INJURIES. A POLICE REPORT WAS WRITTEN FOR THE INCIDENT. THE VEHICLE WAS CURRENTLY BEING DIAGNOSED BY THE ~~DEALER~~ REPAIR SHOP. THERE WERE NO PRIOR WARNINGS. THE CURRENT AND FAILURE MILEAGES WERE 150000. THE VIN WAS NOT AVAILABLE.

problem property

could not find/repeat symptoms "possibly dirt or sand debris" caused sensors to not be have

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