



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

SEP 30 2010  
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**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
 Address: [REDACTED]  
 City: OLMSTED TOWNSHIP State: OH Zip Code: [REDACTED]

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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: 3G5DA03E13S [REDACTED]  
 Make: BUICK Model: RENDEZVOUS Model Year: 2003  
 Date Purchased: 6-12-03 Dealer's Name and Telephone Number: Royal Buick 520-795-0760 Engine: No: Cylinders 6 Fuel Type:  
 Original Owner:  Dealer's City: State: Zip Code:  
 Transmission Type: AUTO Antilock Brakes:  Cruise Control:  Powertrain: Multiple Failure: Incident Date(s): 15-NOV-2007

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Codes: 130000 VISIBILITY, 133000 VISIBILITY: POWER WINDOW DEVICES AND CONTROLS Failure Mileage: 32000 Failure Speed: 35

**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: DOTM9ABC036) 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: Number of Deaths: 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 2003 BUICK RENDEZVOUS. WHILE DRIVING AT APPROXIMATELY 35 MPH AND ATTEMPTING TO ENGAGE THE FRONT, DRIVER SIDE POWER WINDOW, THE WINDOW WOULD NOT RESPOND. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER WHERE THE FRONT DRIVERS SIDE WINDOW GUIDES WERE REPLACED. THE FAILURE RECURRED A FEW YEARS LATER. THE VEHICLE WAS TAKEN TO A LOCAL REPAIR FACILITY WHERE THE WINDOW GUIDES WERE REPLACED AGAIN. THREE MONTHS LATER, THE FRONT PASSENGER WINDOW EXHIBITED THE EXACT FAILURE. THE VEHICLE WAS NOT YET REPAIRED. THE FAILURE MILEAGE WAS 32,000 AND THE CURRENT MILEAGE WAS 45,000.

I wrote Buick + They Responded. They offered to repair the All front window for 100% + qtds free and exchanges for car parts. I Accepted this offer

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.