EQ-10357902-5457

FOR AGENCY USE ONLY 100148

DOT Auto Safety Hotline

Repository

U.S. Department Vehicle Owner's Questionnaire
of Transportation
To Report Vehicle Safety Defects
1-888-DASH-2-DOT

National Highway

Reference No.

(1-888-327-4236)

Traffic Safety

10357902

INTERNET:www.nhtsa.dot.gov/hotline

Administration

Date Received
27-SEP-2010
OWNER INFORMATION (Type or Print)

one Number
[redacted]

[redacted]

[redacted]

[redacted]

Address

[redacted]

[redacted]

phone Number
[redacted]

ode
[redacted]

Bridgeport

State
NY

[redacted]

NY

[redacted]

BRIDGEPORT

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 si
2G4WS52J631[redacted]
Model

Model Year
BUICK

Make

CENTURY

2003

Date Purchased

Dealer's Name and Telephone Number

Engine:

Fuel Type: gasoline
No: Cylinders

Original Owner
self
Dealer's City
Austin
State
Texas
Zip Code

Multiple Failure:

Transmission Type Incident Date(s)

19-AUG-2003

Antilock Brakes

Powertrain

Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 120000 EXTERIOR LIGHTING, 121300 EXTERIOR LIGHTING: HEADLIGHTS:

Failure Mileage
120000
Failure Speed
All
HIGH/LOW BEAM DIMMER SWITCH

120000

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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: DOTMAL9ABC036)

Original Equipment

Failure Location:

Prior Repair

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).)

Number of Persons Injured

Number of Deaths

Reported to Police

Crash

Fire

X
N

Yes

No

Yes

No

X
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 OWN A 2003 BUICK CENTURY. THE CONTAC WAS DRIVING 35 MPH WHEN THE HEADLIGHTS FAILED SPORADICALLY. THE
VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER WHO ADVISED REPLACING THE DIMMER SWITCH AT THE CONTACT'S EXPENSE. THE
VEHICLE WAS NOT UNDER RECALL. THE MANUFACTURER WAS NOT CONTACTED. THE VIN WAS UNAVAILABLE. THE FAILURE MILEAGE WAS
120,000.

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 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.