 <p>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</p>		FOR AGENCY USE ONLY 100148	
		Date Received 01-MAR-2011 MAY 02 2011	Repository <input type="checkbox"/> Reference No. 10386090
OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		Daytime Telephone Number
Address	[REDACTED]		E-mail Address
City	State	Zip Code	Evening Telephone Number
GILLETT	WI	[REDACTED]	
<p><i>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).</i></p>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G4HP52K344 [REDACTED]		Make BUICK	Model Year 2004
Date Purchased	Dealer's Name and Telephone Number <i>Bengstrom</i>		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City <i>Green bay</i>	State <i>Wi</i>	Fuel Type:
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Incident Date(s) 18-OCT-2010 <i>10-Mar-2011</i>
		Multiple Failure: <i>g x</i>	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 120000 EXTERIOR LIGHTING		Failure Mileage 100400 <i>100673</i>	Failure Speed 65
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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths
		Reported to Police N	
<p>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).</p>			
<p>TL* THE CONTACT OWNS A 2004 BUICK LESABRE. THE CONTACT WAS DRIVING 65 MPH WHEN THE EXTERIOR HEADLIGHTS FAILED. THE CONTACT STATED THAT THE FAILURE WOULD OCCUR INTERMITTENTLY. THE VEHICLE WAS INSPECTED BY AN INDEPENDENT MECHANIC AND THE CONTACT WAS ADVISED THAT SHE WOULD NEED TO REPLACE THE DIRECTIONAL SWITCH. THE VEHICLE WAS REPAIRED YET THE FAILURE RECCURRED WITHIN 7,000 MILES. THE DEALER WAS CONTACTED AND OFFERED NO ASSISTANCE. THE VEHICLE WAS NOT FURTHER REPAIRED. THE FAILURE MILEAGE WAS APPROXIMATELY 100,400.</p> <p><i>ENC. Copies of Repair</i></p>			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
<p>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.</p>			

Shawano Service LLC

Invoice

315 S. Main St

4549

Shawano, WI 54166-2753

Estimate Ref #0

Shop Phone: (715) 526-9944

Date Printed: 10/19/2010

Fax: (715) 526-3573

Printed Time: 11:19 am

Email: shawanoservice@frontiernet.net

Hat/Ref:

Time Promised:

2004 BUICK LESABRE CUSTOM V6 3.8L 231CID FI GAS N K

VIN: 1G4HP52K344

License:

Mileage In: 100,495

Date Written: 10/19/2010

Home: Work:

Unit #:

Mileage Out: 100,495

Written By:

Cell:

DOM:

Save Old Parts: No

Job Name	Description	Technician	Qty	List	Extended
Job #1	Replace multi funtional switch				
Part Used	Directional Switch		1.00	150.00	150.00
Part 61040	PM Oil Filter		1.00	6.45	6.45
Part 5W30	PM Oil		4.50	3.00	13.50
Labor 60.00	Work Requested - Replace multi funtional switch		1.70	60.00	102.00
Labor 60.00	Work Requested - Change oil and filter. Check car for winter.		1.00	8.00	8.00

To your rescue 24/7!!!!
1-877-230-0369

*Cost of I 103 860 90
odt # to receive
complaint -*



try SAFeCar.goo

call Hot line

March 1 - 2011

registered a complaint

Payment Date	Type	Method	Amount
Payment Totals:			

Parts: \$169.95

Labor: \$110.00

Sublet: \$0.00

Misc: \$0.00

Hazmat: \$0.00

Supplies: \$2.00

Tax: \$15.51

Invoice Total: \$297.46

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto.

Authorized By _____

Date _____

Time _____

Shawano Service LLC

315 S. Main St
 Shawano, WI 54166-2753
 Shop Phone: (715) 526-9944
 Fax: (715) 526-3573
 Email: shawanoservice@frontiernet.net

Invoice

5146
 Estimate Ref #1,414
 Date Printed: 04/08/2011
 Printed Time: 11:52 am

Ha/Ref:

Time Promised:

2004 BUICK LESABRE CUSTOM V6 3.8L 231CID FI GAS N K

VIN: 1G4HP52K344

License:

Mileage In: 109,609

Date Written: 04/07/2011

Home: Work:
 Cell:

Unit #:

Mileage Out: 109,609

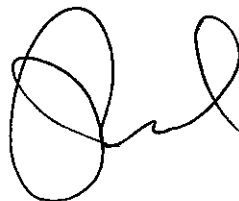
Written By:

DOM:

Save Old Parts: No

Job Name	Description	Technician	Qty	List	Extended
Job #1					
Part 25740989	OEM - Headlamp Switch		1.00	99.95	99.95
Job #2					
Labor 65.00	Change oil and filter				
	Work Requested - Change oil and filter		1.00	6.50	6.50
Part 61040	Oil Filter		1.00	6.45	6.45
Part 5W30	Engine Oil		5.00	3.00	15.00

To your rescue 24/7!!!!
 1-877-230-0369



Payment Date	Type	Method	Amount
Payment Totals:			

Parts: \$121.40
 Labor: \$6.50
 Sublet: \$0.00
 Misc: \$0.00
 Hazmat: \$0.00
 Supplies: \$3.07
 Tax: \$7.21
Invoice Total: \$138.18

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto.

Authorized By _____ Date _____ Time _____