

 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		
U.S. Department of Transportation National Highway Traffic Safety Administration				Date Received 03-MAR-2011 MAY 2 2011		Repository ☐
				Reference No. 10386353		
OWNER INFORMATION (Type or Print)						
Name [REDACTED]			Daytime Telephone Number [REDACTED]		E-mail Address	
Address [REDACTED]			Evening Telephone Number			
City ARDEN HILLS	State MN	Zip Code [REDACTED]				
<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>						
VEHICLE INFORMATION						
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G4HP54K04[REDACTED]			Make BUICK	Model LESABRE	Model Year 2004	
Date Purchased 06-28-2005	Dealer's Name and Telephone Number Stillwater Motor Co. 651-439-4333			Engine: No: Cylinders 6	Fuel Type: Lead Free Regular	
Original Owner ☐	Dealer's City Stillwater	State MN	Zip Code 55082			
Transmission Type Auto	☒ Antilock Brakes ☒ Cruise Control	Powertrain YES	Multiple Failure:	Incident Date(s) 01-DEC-2010		
FAILED COMPONENT(S)/PART(S) INFORMATION						
Vehicle Component Code: 220000 SEATS				Failure Mileage 63000	Failure Speed	
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 0	Number of Deaths 0	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 2004 BUICK LESABRE. THE CONTACT STATED THAT THE PASSENGER SIDE HEATED SEAT WOULD OVERHEAT AND BURN THE PASSENGER. THE MANUFACTURER WAS CONTACTED BUT NO ASSISTANCE WAS OFFERED. THE VEHICLE WAS NOT TAKEN TO THE DEALER FOR INSPECTION OR REPAIRS. THE FAILURE AND CURRENT MILEAGE WAS 63,000. <i>The vehicle was taken to the dealer however the dealer refused to inspect the problem without the contact paying a non-refundable charge of \$55 to \$100 or maybe more to merely look at the car. The manufacturer & dealer (Weiss) suggested the contact call the National Highway Traffic Safety Admin. to lodge a complaint if she was unwilling to pay the inspection charges. No one inspected the problem.</i>						
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.						

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

The heated seat nearly immediately raises in temperature to a burning sensation upon turning it on. There is fear that the passenger will be severely injured and/or a fire may occur beneath the upholstery. The car's owners are senior citizens. The passenger who usually occupies the ~~after~~ defective seat is over 80 years old. We feel this problem should be subject to a recall. Sincerely, [REDACTED]

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300

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NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

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POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

