

 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 APR 14 2011 14-MAR-2011		Repository ☐
				Reference No. 10390033		
OWNER INFORMATION (Type or Print)						
Name				Daytime Telephone Number		E-mail Address
Address				Evening Telephone Number		
City DALTON		State GA	Zip Code			
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 1G4AG55N9P6			Make BUICK	Model CENTURY	Model Year 1993	
Date Purchased 11-2010	Dealer's Name and Telephone Number			Engine: No: Cylinders 6	Fuel Type: Regular	
Original Owner ☐	Dealer's City		State	Zip Code		
Transmission Type Automatic	☐ Antilock Brakes	Powertrain	Multiple Failure: wiring harness		Incident Date(s) 23-FEB-2011	
☒ Cruise Control						
FAILED COMPONENT(S)/PART(S) INFORMATION						
Vehicle Component Code: 110000 ELECTRICAL SYSTEM				Failure Mileage 230000	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: 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 ☐ Yes ☒ No	Fire ☒ Yes ☐ No	Number of Persons Injured 1	Number of Deaths	Reported to Police 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 1993 BUICK CENTURY. THE CONTACT STATED THAT THE VEHICLE WAS STARTED AND THE DEFROSTER WAS ENGAGED. THE CONTACT THEN SMELLED A BURNING ODOR AND NOTICED SMOKE EMITTING FROM THE DEFROSTER AREA. THE CONTACT MOVED THE VEHICLE FROM AWAY FROM HIS RESIDENCE AND TURNED THE ENGINE OFF BUT THE SMOKE CONTINUED. THE CONTACT THEN OPENED THE HOOD AND A FIRE ERUPTED. THE FIRE WAS EXTINGUISHED AND THE CONTACT SUSTAINED A KNEE INFECTION FROM ATTEMPTING TO MOVE THE VEHICLE AWAY FROM HIS RESIDENCE. A FIRE REPORT WAS AVAILABLE. THE CONTACT CALLED THE MANUFACTURER WHO OFFERED NO ASSISTANCE. THE VEHICLE WAS NOT REPAIRED. THE CURRENT AND FAILURE MILEAGE WAS APPROXIMATELY 230,000. Knee replacement on 2/11/10 at Barrett Surgical Center, in Marietta, Ga. Released from hospital on 2/14/11. Was readmitted on 3/3/11 and surgery site was reopened and cleaned, attempting to cure the infection. On 3/6/11 released after having "picc" lines inserted for						
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)

Vancomycin HCL, 1250 mg infused every 12 hours. I did not say anything about infection when initially talking with GM/Buick but surgical site began swelling, became inflamed, started to drain on 2/23/11, becoming worse daily. Dr. appt. on 3/1/11, when Dr. Michael Morrison (Marietta) said surgical site must be reopened to stop infection, drainage.

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

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**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**



safercar.gov

**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