

 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 JUN 08 2011 02-MAY-2011		Repository ☐ Reference No. 10398643	
		OWNER INFORMATION (Type or Print) Name [REDACTED] Address [REDACTED] City PLACERVILLE State CA Zip Code [REDACTED]		Daytime Telephone Number [REDACTED] Evening Telephone Number [REDACTED] E-mail Address [REDACTED]			
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 1FASP14J6SW [REDACTED]							
Make BUICK		Model LESABRE		Model Year 2000		Date Purchased 10/3/2000	
Dealer's Name and Telephone Number FOLSOM BUICK 916/355-1414		Engine: No: Cylinders GAS		Fuel Type: GAS		Original Owner ☒	
Dealer's City FOLSOM, CA		State CA		Zip Code 95630		Transmission Type AUTO	
☒ Antilock Brakes ☒ Cruise Control		Powertrain YES		Multiple Failure: YES		Incident Date(s) 11-JAN-2011	
FAILED COMPONENT(S)/PART(S) INFORMATION Vehicle Component Code: 090000 FUEL SYSTEM, OTHER							
				Failure Mileage 100000		Failure Speed 40	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE							
Tire Make [REDACTED]		Tire Model (Name or Number) [REDACTED]		Tire Size (Example P215/65R15) [REDACTED]			
DOT No. (Example: DOTM19ABC036) [REDACTED]		☐ Original Equipment ☐ Prior Repair		Failure Location: [REDACTED]			
Tire Component Code [REDACTED]				Tire Failure Type: [REDACTED]			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE							
Make: [REDACTED]		Date Manufactured: [REDACTED]		Model No./Name: [REDACTED]			
Seat Type: [REDACTED]		Installation System: [REDACTED]		Child Seat Component Code: [REDACTED]			
Failed Part: [REDACTED]							
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 [REDACTED]		Number of Deaths [REDACTED]	
				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 2000 BUICK LESABRE. WHILE DRIVING APPROXIMATELY 40-50 MPH, THE CONTACT OBSERVED THAT THE FUEL GAUGE HAD BEGUN FLUCTUATING BETWEEN FUEL LEVEL READINGS. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC WHERE THEY STATED THAT THE FUEL TANK WOULD NEED TO BE REMOVED TO DETECT THE FAILURE. THE VEHICLE WAS NEITHER DIAGNOSED NOR REPAIRED. THE FAILURE MILEAGE WAS APPROXIMATELY 100,000. THE VIN WAS NOT AVAILABLE.							
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)

I UNDERSTAND THAT BUICK IS RECALLING VEHICLES
BACK TO 2005 (?) FOR FAULTY GAS GAUGE READINGS.

I PURCHASED MY 2000 BUICK NEW FROM A DEALER
AND AM EXPERIENCING THE SAME PROBLEM. GM
NEEDS TO GO BACK TO AT LEAST 2000 OLD DEFECTIVE
GAS GAUGES.

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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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