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 0 6 2011
02-MAY-2011

Repository ☐

Reference No. 10398643

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City PLACERVILLE	**State** CA	**Zip Code** [redacted]	Evening Telephone Number

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	Make	Model	Model Year
1FASP14J6SW[redacted]	BUICK	LESABRE	2000

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
10/3/2000	FOLSOM BUICK · 916/355-1414	No: Cylinders	GAS
Original Owner ☑	Dealer's City: FOLSOM, CA — State: CA — Zip Code: 95630		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
A400	☑ Antilock Brakes ☑ Cruise Control		YES	11-JAN-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 090000 FUEL SYSTEM, OTHER	Failure Mileage	Failure Speed
	100000	40

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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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

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 GUAGE 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 ON DEFECTIVE GAS GUAGES.

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

SACRAMENTO CA 95
03 JUN 2011 PM 4

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