



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  
**JUL - 8 2011**  
27-MAY-2011

Repository   
Reference No.  
10402969

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City MOUNTAIN LAKES State NJ Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Evening Telephone Number [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: 2G4WD58248 [REDACTED]  
Make BUICK Model LACROSSE Model Year 2008  
Date Purchased 1/2008 Dealer's Name and Telephone Number NORMAN FOLE  
Original Owner [X] Dealer's City State Zip Code Engine: No: Cylinders 6 Fuel Type: REG  
Transmission Type Auto Antilock Brakes [X] Powertrain ENGINE Multiple Failure: POWER ASSIST Incident Date(s) 02-MAY-2011  
Cruise Control [X]

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE Failure Mileage 35000 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) Original Equipment [ ] Failure Location:  
Prior Repair [ ]  
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 [X] No Fire [ ] Yes [X] No Number of Persons Injured Number of Deaths 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 2008 BUICK LACROSSE. WHILE DRIVING APPROXIMATELY 65 MPH, THE CONTACT NOTICED THAT THE FUEL GAUGE DISPLAYED AN INCORRECT FUEL LEVEL EVEN THOUGH FUEL WAS IN THE FUEL TANK. THEN, THE ENGINE STALLED WITHOUT WARNING. THE VEHICLE FAILED TO RESTART AND WAS TOWED TO AN AUTHORIZED DEALER WHERE THEY ADVISED THAT THE FUEL TANK WAS EMPTY. THE TECHNICIAN DISPENSED ONE GALLON OF FUEL INTO THE FUEL TANK AND WAS UNABLE TO DETECT A PROBLEM. THE FAILURE HAD NOT YET RECURRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 35,000.

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 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.