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	Repository
JUL - 3 2011	☐
02-JUN-2011	Reference No. 10404156

OWNER INFORMATION (Type or Print)

Name			
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
City FLEMMING ISLAND	State IA	Zip Code [redacted]	Evening Telephone Number SAME

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
1G4HR54KXYU[redacted]	BUICK	LESABRE	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: 3800 SFI	Fuel Type:
11/29/1999	USA BUICK PONTIAC GMC (732)-752-3000			No: Cylinders	
Original Owner ☐	Dealer's City GREEN BROOK, NJ 08812	State NJ	Zip Code 08812	V6	

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
4 SPEED AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control			30-MAY-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 160000 STRUCTURE	Failure Mileage	Failure Speed
	93500	0

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 LIMITED. THE CONTACT STATED THAT THE DASHBOARD STARTED TO DETACH FROM THE WINDOW. THE VEHICLE WAS NOT INSPECTED BY A DEALER. THE VEHICLE WAS NOT REPAIRED.
THE MANUFACTURER WAS NOT INFORMED OF THE FAILURE. THE FAILURE AND CURRENT MILEAGES WERE APPROXIMATELY 93,500.

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.