Form Approved: O.M.B. No. 2127-0008

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
30-JUL-2013 AUG 20 2013	
	Reference No. 10532658

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]		[redacted]
City ARCHBOLD	State OH	Zip Code [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	Make	Model	Model Year
1G4HE57Y07U[redacted]	BUICK	LUCERNE	2007

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
4-29-13	Terry Hendricks 419-445-2576	V8 8	Gas
Original Owner ☐	Dealer's City Archbold	State OH	Zip Code 43502

Transmission Type			Multiple Failure:	Incident Date(s)
4 speed	☒ Antilock Brakes ☒ Cruise Control	Powertrain		30-JUL-2013

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
	58000	60

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	1	0	N Yes, it was reported

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 2007 BUICK LUCERNE. THE CONTACT STATED THAT WHILE DRIVING 60 MPH, HE MANEUVERED TO AVOID CRASHING INTO AN ANIMAL AND CRASHED INTO A DITCH, ROLLING OVER BEFORE STOPPING IN AN UPRIGHT POSITION. THE AIR BAGS FAILED TO DEPLOY. THE CONTACT SUFFERED FROM MAJOR INJURIES TO THE ARM AND ADDITIONAL UNKNOWN INJURIES. THE VEHICLE WAS DESTROYED AND WAS NOT INSPECTED FOR THE CAUSE OF THE AIR BAG FAILURE. THE FAILURE AND CURRENT MILEAGE WAS 58,000.

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.