JUN 26 2014

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 ☐
01-APR-2014	Reference No. 10576285

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address	[redacted]	Evening Telephone Number [redacted]	
City FORT WAYNE	State IN	Zip Code [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
1G4HP54K224[redacted]	BUICK	LESABRE	2002

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
7/3/2002	Kelley Buick 260-434-4600			No: Cylinders	
Original Owner ☒	Dealer's City Fort Wayne,	State IN	Zip Code 46825		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
automatic	☒ Antilock Brakes ☒ Cruise Control	3800 V 6 L36		30-MAR-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: FUEL/PROPULSION SYSTEM (PWS), ENGINE (PWS)	Failure Mileage	Failure Speed
	52213	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	0	0	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 2002 BUICK LESABRE. THE CONTACT STATED THAT UPON INITIAL START-UP, THE VEHICLE HESITATED AND APPEARED TO MISFIRE. THE CONTACT THEN SUDDENLY HEARD A LOUD POP FOLLOWED BY A MASSIVE AMOUNT OF BLACK SMOKE COMING FROM UNDER THE HOOD OF THE VEHICLE. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE DEALER AND THE MANUFACTURER WERE MADE AWARE OF THE FAILURE AND DECLINED TO PROVIDE A REMEDY TO THE CONTACT. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 52,213. UPDATED 05/28/14 MA

Incorrect. See attached forms/receipts. Paid in full $999.32

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

CUSTOMER #: 464770

2014593

INVOICE

PAGE 1

Tom Kelley Buick GMC
633 Avenue of Autos Fort Wayne, IN 46804
(260) 434-4600 Fax: (260) 434-4740
www.drivekelley.com

[redacted]

FORT WAYNE, IN [redacted]

HOME: [redacted] CONT: [redacted]

BUS: CELL:

SERVICE ADVISOR: 159 PAUL COY

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
25 BLU	02	BUICK LESABRE	1G4HP54K224[redacted]		33893/52213	T1889

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
03JUL02 DD			16:00 03APR14		0.00	CASH	08APR14

R.O. OPENED	READY	OPTIONS: ENG:L36 TRN:A 1)STK#-2B1436
12:39 03APR14	12:42 08APR14	

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
A C/S THEY WERE TOLD MANIFOLD CRACKED REPORT (COOLANT)			
00CDZMISC .INTAKE MANIFOLDBLEW UP / TOW IN			
206 CC		369.50	369.50
1 89017272 3265BOPC (S)MANIFOLD KIT			141.94
1 89017554 3270BOPC (S)GASKET KIT			44.17
1 12346290 8800BOPCKT COOLANT			22.81
1 19245529 3330 (S)REGULATOR KIT			128.76
1 FRT FREIGHT	14.77	14.77	14.77
1 12587077 3330BPC F-(S)RAIL KIT			237.13
PARTS: 574.81 LABOR: 369.50 OTHER: 14.77 TOTAL LINE A:			959.08
33893 upper plastic intake blowup bent injector rail 3.50 replace intake and injector rail and fuel pressure regulator			
**********			
B NEED CORRECT MILES PLEASE			
01 GENERAL CONCERN			
206 CB		0.00	0.00
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B:			0.00
52213			
**********			
State Tax			40.24

WARRANTY STATEMENT AND DISCLAIMER: PLEASE SEE THE DEALERSHIP'S LIMITED WARRANTY ON THE REVERSE SIDE OF THIS REPAIR INVOICE.

By signing below, you acknowledge that you were notified of and authorized the Dealership to perform the services/repairs itemized in this Invoice and that you received (or had the opportunity to inspect) any replaced parts as requested by you. The vehicle is being returned to you in exchange for your payment of the Amount Due.

***SHOP SUPPLY COSTS:** We have added a charge equal to 9% of the total cost of labor, not to exceed $25.81, to the Repair Order for shop supplies used in connection with this repair.

ALL PARTS ARE NEW UNLESS OTHERWISE INDICATED.

DESCRIPTION	TOTALS
LABOR AMOUNT	369.50
PARTS AMOUNT	574.81
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES *	14.77
TOTAL CHARGES	959.08
LESS INSURANCE	0.00
SALES TAX	40.24
PLEASE PAY THIS AMOUNT	999.32

DATE CUSTOMER SIGNATURE AUTHORIZED DEALERSHIP REPRESENTATIVE SIGNATURE