


| | | | | | | | | | | | | | |
|---|--|---|--|---|--|--|--|--------------------------------|--|--------------------------|--|-----------------|--|
|  <p>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</p> | | | | FOR AGENCY USE ONLY 100148 | | | | | | | | | |
| U.S. Department of Transportation National Highway Traffic Safety Administration | | | | Date Received 18-JUN-2014 | | Repository <input type="checkbox"/> Reference No. 10604379 | | | | | | | |
| OWNER INFORMATION (Type or Print) | | | | | | | | | | | | | |
| Name | | Address | | City | | State | | Zip Code | | Daytime Telephone Number | | E-mail Address | |
| CICERO | | NY | | [REDACTED] | | [REDACTED] | | [REDACTED] | | [REDACTED] | | NOEMAIL@UNK.GOV | |
| 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 | | | | | |
| 2G4WD582X81 [REDACTED] | | | | BUICK | | LACROSSE | | 2008 | | | | | |
| Date Purchased | | Dealer's Name and Telephone Number | | | | Engine: | | Fuel Type: | | | | | |
| 2008 | | FUCILLO AUTO | | | | No: Cylinders | | | | | | | |
| Original Owner | | Dealer's City | | State | | Zip Code | | | | | | | |
| <input type="checkbox"/> | | ADAMS Center N.Y | | N.Y | | | | | | | | | |
| Transmission Type | | <input checked="" type="checkbox"/> Antilock Brakes | | Powertrain | | Multiple Failure: | | Incident Date(s) | | | | | |
| | | <input checked="" type="checkbox"/> Cruise Control | | | | | | 01-APR-2011 | | | | | |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | | | | | | | | | | | |
| Vehicle Component Code: 140000 AIR BAGS | | | | | | | | Failure Mileage | | Failure Speed | | | |
| | | | | | | | | 22000 | | | | | |
| 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) | | | | <input type="checkbox"/> Original Equipment | | <input type="checkbox"/> 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 | | | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2008 BUICK LACROSSE. THE CONTACT STATED THAT WHILE THE PASSENGER WAS SEATED IN THE FRONT PASSENGER SEAT, THE PASSENGER SIDE AIR BAG INDICATOR LIGHT WOULD ILLUMINATE INTERMITTENTLY. THE CONTACT MENTIONED THAT THE PASSENGER SIDE AIR BAG INDICATOR LIGHT WOULD MAINLY FAIL TO ILLUMINATE WHEN THE PASSENGER WAS SEAT. THE CONTACT WAS CONCERNED THAT THE PASSENGER SIDE AIR BAG MAY NOT DEPLOY WHILE IN A CRASH. THE VEHICLE WAS TAKEN TO THE DEALER AND INDEPENDENT MECHANIC WHO WERE BOTH UNABLE TO DUPLICATE THE FAILURE. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 22,000. | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

See ATTACHED BILLS — The Passenger AIR BAGS
DISENGAGE INTERMITTENTLY AFTER 10 to 15 minutes of
DRIVING. ON LONG ROAD TRIPS 5-TO 6 hour
THE PASSENGER AIRBAGS DISEN GAGE 50-70 OF the TIME

Good Year AUTO Service suggested REPLACING the
PASSENGER SEAT! — FOR Eight OR Nine Hundred
DOLLARS — BUT NO Guarantee L 1 1 1

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department
of Transportation

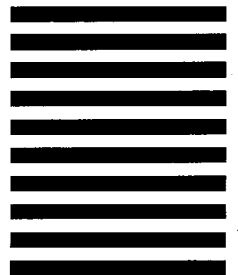
National Highway
Traffic Safety
Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

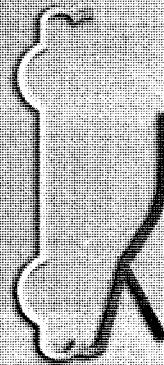
POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



SYRACUSE
NY 130
13 AUG '14
PK 4 L

Think your vehicle
has a safety defect?



If so:
Use the enclosed
form to file a report.

or visit:

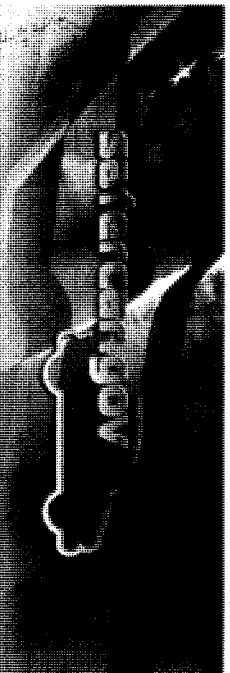
www.safercar.gov

or call:

Vehicle Safety Hotline
888-327-4236



NHTSA
National Highway Traffic Safety Administration
U.S. Department of Transportation





Driver's Village, Inc
 DBA Burdick Buick
 5885 East Circle Drive, Suite 340
 Cicero, New York, 13039
 Telephone # (315) 452-1800
 Facility ID # 7100363

SERVICE DEPARTMENT HOURS
 7:30 a.m. to 7:00 p.m.
 Monday - Thursday
 Friday 7:30 a.m. to 6:00 p.m.
 Saturday 8:00 a.m. to 4:00 p.m.

| | |
|-------------------------|-------------|
| R/O Open Date | R/O Number |
| 4/12/11 | 3954510/1 |
| R/O Close Date | Status |
| 4/12/11 | Pre-Invoice |
| Mileage In | Mileage Out |
| 23778 | 23779 |
| Service Advisor / Tag # | |

| | |
|--------------|-------------------------------|
| Edward Musci | Vehicle Identification Number |
| | 2G4WD582X81 |
| | Delivery Date |
| | In-Service Date |

| | |
|------------|------------|
| [Redacted] | Work Phone |
| [Redacted] | Home Phone |

| | | | | | |
|------|-------|----------|------|-------|----------------|
| Year | Make | Model | Body | Color | License Number |
| 2008 | BUICK | LACROSSE | 4DSD | BLACK | [Redacted] |

| DESCRIPTION OF SERVICE AND PARTS | AMOUNT |
|---|----------|
| #2 - Customer Reports: INT AIR BAG LIGHT COMING ON WHEN SOMEONE IS IN PAS S SEAT Work performed by House (99) <u>UNABLE TO DUPLICATE AT THIS TIME</u> | Warranty |
| #3 - SD: STANDARD DIAGNOSIS \$92.00 PLUS TAX FOR ALL NONWARRANTY ISSUES INCLUDING AFTERMARKET ACCESSORIES/CUSTOMER INITIALS Work performed by House (99) | Warranty |

The car for a short time, then the PSBR needs to be driven at least 10 minutes, then the PSBR becomes intermittent. The car needs to be driven at least 10 minutes, then the PSBR becomes intermittent. LIGHT GOES ON & OFF - MOSTLY OFF - MOSTLY

TERMS: STRICTLY CASH UNLESS ARRANGEMENTS ARE MADE. I, Hereby Authorize the Repair work herein set forth to be done along with the necessary material at the agreed price which will not exceed the estimate without my consent. I also agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere. For the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs there to. **DISCLAIMER OF WARRANTIES.** These repairs are covered by a limited warranty, 90 days or 4,000 miles, whichever comes first. Seller hereby limits implied warranties to the same period.

TERMS: Strictly cash or acceptable credit card.

Arbitration. Any dispute arising under this agreement shall be resolved by binding arbitration conducted in accordance with the Commercial Arbitration Rules of the America Arbitration Association ("AAA") then in effect (see their rules may be modified by the mutual agreement of the parties and the arbitrator selected). The arbitrator shall be contacted in Onondaga County, New York, by a single arbitrator mutually accepted to the parties. In the event that the parties cannot agree on a single arbitrator, one shall be appointed by the AAA. The decision of the arbitrator shall be based on applicable law and the arbitrator shall have no authority to award punitive damages. Judgment on the arbitration award may be entered by any court (state or federal) having jurisdiction over the such award. The parties, shall share equally the cost of the arbitration, including the fees of the arbitrator, and each party shall bear its own attorneys' fees, that fees and expenses to be awarded to the prevailing party. In the event the arbitrator determines that the contract asserted on, on the whole, involves or lacks substantial merit, the arbitrator shall award attorneys' fees and expenses to the prevailing party. The arbitrator shall award such as may be legally required or as may be necessary to enforce the arbitration award and the arbitration decision in confidence. This arbitration must be conducted on an individual, not a class action basis. There shall be no right for any dispute to be arbitrated on a class action basis or for a class action proceeding to be consolidated with any other arbitration proceeding between us and any other person or entity. Only we and you may be the parties to this arbitration proceeding may be consolidated with any other arbitration proceeding between us and any other person or entity.

| | |
|-----------------------|-----|
| LABOR | .00 |
| PARTS | .00 |
| DEDUCTIBLE | .00 |
| SUBLET | .00 |
| SHOP SUPPLIES | .00 |
| HAZARDOUS MATERIALS | .00 |
| SALES TAX OR TAX I.D. | .00 |
| SPECIAL ORDER DEPOSIT | .00 |
| DISCOUNTS | .00 |
| TOTAL DUE | .00 |

NO RETURN ON ELECTRICAL OR SAFETY ITEMS OR SPECIAL ORDERS.

GOODYEAR AUTO SERVICE CENTER

INVOICE
232661

A DIVISION OF THE GOODYEAR TIRE & RUBBER COMPANY
5884 EAST CIRCLE DRIVE, CORNER OF SOUTH BAY RD.
CICERO, NY 13039
NY REG# R4340122
FEDERAL TAX ID# 340253240
(315)458-6025 HOURS 7-MON-FRI, 7-6SAT, 8-5SUN
www.GoodyearAutoService.com

PAGE: 01 COPY: 01

BILL TO: [REDACTED]
CICERO, NY

PHONE 1..... [REDACTED] EXT.
PHONE 2.....
RETURN PARTS.. NO
PRIOR INVOICE. 232239
ENG. SIZE..... V6-3800 3.8L
TIME REQUESTED
VEHICLE ID #.. 2G4WD582X81 [REDACTED]

VEH YEAR/MAKE. 08 BUICK
VEHICLE MODEL. LACROSSE
VEHICLE COLOR. BLACK
LICENSE/STATE. [REDACTED] / NY
ST INSP-EXP DT. 05/2013
SALESMAN..... 070 / 022

ODOMETER IN/OUT 029387 / 29387
VEHICLE IN.... 06/19/12 01:22 PM
VEHICLE OUT... 06/20/12 01:55 PM
TERR/NONSIG... 1137/901137
DATE REQUESTED 06/19/12
VEHICLE INFO.. 3.8 DOHC FWD

ACCOUNT # COB TC CUST# TYPE/STATE AUTHORIZATION CREDIT CARD NO.
[REDACTED] V 01 27205 0 NY [REDACTED] [REDACTED]

| SLS TECH | PRODUCT CODE | BC | QTY | DESCRIPTION | UNIT PRICE | LBR/EXCISE | LINE TOTAL |
|------------------|--------------|----|-----|-------------------------------|------------|--------------|------------|
| 070 055 LABOR | 047-100 | R | 1 | DIAGNOSTIC TIME FOR ABS LIGHT | .00 | 99.00 10.00- | 89.00 |

CANNOT DUPLICATE

SUMMARY:
PARTS TOTAL00
LABOR TOTAL 99.00
TAXABLE AMOUNT 89.00
DISCOUNT LABOR 10.00
SUB TOTAL 89.00
SALES TAX (8.000%) 7.12

CHARGED AMOUNT 96.12
INVOICE TOTAL \$96.12

ALLOY AND CUSTOM RIMS MUST BE RETORQUED AFTER 25 MILES AND CHECKED PERIODICALLY

THANK YOU FOR YOUR BUSINESS! IF YOU ARE NOT 100% SATISFIED,
PLEASE CONTACT THE STORE MANAGER, JAMES HOGAN. AT (315)458-6025

SALES ASSOC(S): 070 JAMES L. TREAD DEPTH L/F..... 9/32 R/F..... 9/32
TECHNICIAN(S): 055 MICHAEL H. TREAD DEPTH L/R..... 8/32 R/R..... 8/32

ALL PARTS ARE NEW UNLESS OTHERWISE SPECIFIED
SEE REVERSE SIDE FOR IMPORTANT SAFETY WARNING AND WARRANTY INFORMATION

*The Psbr Air Bag
is engaged after minutely after
10 to 15 minutes or driving
ON LOW 5-6 Hour TRIPS
IT IS OFF 50%*

Vehicle Condition Report

Year 2008 Make Buick Model Lucerna

VIN: 2G4WD58 X 1

State NY Mileage 29387

Eng. Size 3.8 SOHC OHV DIESEL DOHC HYBRID

State Inspection Due Month 5 Year 13 FWD RWD 4WD/AWD

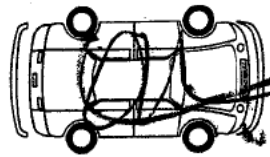
Date or Mileage of Last Oil Change 79242 TRANS. TYPE AUTO MANUAL

360 VEHICLE PRE-INSPECTION

Scratches/Dents Mark with an X

Wheel Damage or Hubcap Missing Mark with D or M

Glass Cracked Mark with a C



Notes:

TIRES AND MAINTENANCE

"Good to Go" Service Certification Signature: _____ Employee #: _____

"Good to Go" One Over Certification Signature: _____ Employee #: _____

The above certifies the Good to Go process has been completed and that the lug nuts are torqued according to vehicle manufacturer specifications.

Tire Size: F 205/60/16 R 205/60/16

Speed Rating: Run Flat Y N

Load Capacity: 92 TPMS Y N

| Inspect | Tread Depth (32nds) | | | Torque (ft. lbs.) | Comments |
|---------|---------------------|--------------------|-----------|-------------------|----------|
| | Outer | Center | Inner | | |
| L/F | PSI In: <u>38</u> | PSI Out: <u>38</u> | <u>99</u> | <u>9</u> | |
| R/F | PSI In: <u>38</u> | PSI Out: <u>38</u> | <u>99</u> | <u>9</u> | |
| L/R | PSI In: <u>38</u> | PSI Out: <u>38</u> | <u>88</u> | <u>8</u> | |
| R/R | PSI In: <u>38</u> | PSI Out: <u>38</u> | <u>88</u> | <u>8</u> | |

Tire Wear Indicators: Align Check Recommended Tire Balance & Rotation Recommended Tire Replacement Recommended Tire Repair Required

OIL CHANGE PROCESS

| Qts | Weight | Type | Filter # |
|----------------------------------|--------|-----------------------------------|----------|
| Oil Change Service Certification | | | |
| Signature: _____ | | Oil Change One Over Certification | |
| Employee #: _____ | | Signature: _____ | |
| Employee #: _____ | | Employee #: _____ | |

This certifies the oil change process has been completed and the proper amount of oil is in the engine.

MAINTENANCE INSPECTION FINDINGS

| | Reason Code | Not on History | Description/Comments |
|---------------------|-------------|--|----------------------|
| Wiper blades | / | | |
| Lights/Bulbs | / | | |
| Air Filter | / | | |
| Cabin Air Filter | / | | |
| Fuel Filter | / | | |
| Fuel System Service | / | | |
| Belts/Timing Belt | / | | |
| Battery | / | <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> OE | |
| Battery Terminal | / | <input type="checkbox"/> Corrosion <input checked="" type="checkbox"/> Preventive | |
| Wheel Bearings | / | | |
| Shocks | / | | |
| Struts | / | | |
| Susp./Steering | / | | |
| Exhaust | / | | |
| Hoses | / | | |
| Axles/CV Joints | / | | |
| Alignment | / | | |

Maintenance & Fluid Reason Codes: Performs Properly = 1 Improve System Performance = 2 Schedule Maint. = 3 System Failure = 4

NEW TIRE REGISTRATION DOT #'S

- _____
- _____
- _____
- _____

BRAKES

FRONT BRAKES Green Yellow Red ABS Yes No

| LF Pad | LF Rotor | RF Rotor | RF Pad |
|----------------------|-------------------------------------|----------------------|--------|
| Out: _____ In: _____ | Actual Meas. _____ Machine To _____ | In: _____ Out: _____ | |

REAR BRAKES Green Yellow Red ABS Yes No

| LR Pad/Shoe | Drum | LR Rotor | Drum | RR Rotor | RR Pad/Shoe |
|----------------------|-------------------------------------|----------------------|------|----------|-------------|
| Out: _____ In: _____ | Actual Meas. _____ Machine To _____ | In: _____ Out: _____ | | | |

Rear Clean/Adj. _____

Brake Hose(s) _____

Parking Cables _____

Other Brake Services Hardware Caliper Wheel Cylinder Master Cylinder

FLUID MAINTENANCE & SERVICE

| Fluids | Adequate Level | Topped Off | Service Not on History | Description/Comments |
|--------------------|----------------|------------|------------------------|--|
| Oil | / | | | |
| Transmission | / | | | |
| Coolant | / | | | Test Strip <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| Power Steering | / | | | |
| Washer | / | | | |
| Diff/Transfer Case | / | | | |
| Brake | / | | | 0 10 30 100 200 300 Copper parts per million |

ADDITIONAL DESCRIPTION/COMMENTS

1 BO092 History code no current codes

Int problem

Signature: _____ Approved by: _____

Employee #: _____ Employee #: _____