

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

U.S. Department of Transportation National Highway Traffic Safety Administration Vehicle Owner's Questionnaire 1-888-DASH-2-DOT 1-888-486-4866 INTERNET: www.nhtsa.dot.gov/hotline				Date Received: 7/25/2014 Repository: <input type="checkbox"/>	
Reference No. 10631057					
OWNER INFORMATION (Type or Print)					
Name: [REDACTED]			Daytime Telephone Number: [REDACTED]		E-mail Address: [REDACTED]
Address: [REDACTED]					
City: MADISON		State: WI	Zip Code: [REDACTED]		
Evening Telephone Number: same					
<i>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 used described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</i>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G4HJ5EM0B1 [REDACTED]			Make: BUICK	Model: LUCERNE	Model Year: 2011
Date Purchased: 4/30/2011	Dealer's Name and Telephone Number: ZIMBRICK/BUICK (608) 271-1601			Engine: No: Cylinders: V6	Fuel Type:
Original Owner: <input type="checkbox"/>	Dealer's City:		State:	Zip Code:	
Transmission Type: 4 speed automatic	<input type="checkbox"/> Antilock Brakes	Powertrain:	Multiple Failure:		Incident Date(s): 16-AUG-2014
<input type="checkbox"/> Cruise Control					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 110000 ELECTRICAL SYSTEM				Failure Mileage:	Failure Speed:
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	Failure Location:		
<input type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured: 0	Number of Deaths: 0	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 2011 BUICK LUCERNE. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 14V355000 (ELECTRICAL SYSTEM). THE CONTACT STATED THAT THE PART TO DO THE REPAIR WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT IF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE. THE VIN WAS NOT AVAILABLE.					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		