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-SEP-2014	Reference No. 10640292

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	NOEMAIL@UNK.COM
City CLARINDA	State IA	Zip Code [redacted]	Evening Telephone Number

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
1G4HD572X8U[redacted]	BUICK	LUCERNE	2008

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	Select Motors			No: Cylinders	
Original Owner ☐	Dealer's City Select Motors Shenandoah IA	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 26-SEP-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 180000 VEHICLE SPEED CONTROL, 185000 VEHICLE SPEED CONTROL: CRUISE CONTROL	Failure Mileage 50000	Failure Speed 55

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 2008 BUICK LUCERNE. WHILE DRIVING APPROXIMATELY 55 MPH, THE CRUISE CONTROL FAILED. THE VEHICLE WAS TAKEN TO THE DEALER FOR DIAGNOSTIC TESTING AND WAS REPAIRED, BUT THE FAILURE RECURRED. THE CONTACT WAS UNAWARE OF THE SPECIFIC REPAIRS TO THE VEHICLE. THE MANUFACTURER WAS NOT NOTIFIED. THE FAILURE MILEAGE WAS 50,000.

The cruise control does not always work correctly
The rear back door does not work anymore.
Select Motors have had their dealership taken away from them

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.