

JAN 06 2015



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 <input type="checkbox"/>
03-DEC-2014	Reference No. 10661869

OWNER INFORMATION (Type or Print)

Name	[REDACTED]		
Address	[REDACTED]		
City	State	Zip Code	
JOHNSTOWN	PA	[REDACTED]	

Daytime Telephone Number	E-mail Address
[REDACTED]	NO
Evening Telephone Number	
SAME	

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
2G4WC532X51 [REDACTED]		BUICK	LACROSSE	2005
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
4/08	AURANTS		No: Cylinders	UNLEADED
Original Owner	Dealer's City	State	Zip Code	
<input type="checkbox"/> NO	JOHNSTOWN	PA	15701	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)
AUTO	<input checked="" type="checkbox"/> Cruise Control		LIGHTS	07-NOV-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: BRAKES (PWS)	Failure Mileage	Failure Speed
		10

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police
		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 2005 BUICK LACROSSE. WHILE DRIVING APPROXIMATELY 10 MPH, THE HEADLIGHTS TURNED OFF WHEN THE BRAKE PEDAL WAS DEPRESSED. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE. THE VIN AND FAILURE MILEAGE WERE UNAVAILABLE.

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 to 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.