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: 25-FEB-2015	Repository ☐
	Reference No.: 10690670

OWNER INFORMATION (Type or Print)

Name: [redacted]		Daytime Telephone Number: [redacted]	E-mail Address:
Address: [redacted]		Evening Telephone Number:	
City: PORT DEPOSIT	State: MD	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
2G4WC552861[redacted]	BUICK	LACROSSE	2006

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
	OUT OF BUSINESS			?	Gas
Original Owner ☐	Dealer's City: Oxford	State: PA	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Automatic	☑ Antilock Brakes ☑ Cruise Control			22-DEC-2014

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: ~~VISIBILITY/WIPER (PWS)~~, 121000 EXTERIOR LIGHTING: HEADLIGHTS	Failure Mileage	Failure Speed
	62000	35

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	2	0	Y

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 OWNED A 2006 BUICK LACROSSE. WHILE DRIVING 35 MPH, THE HEAD LAMP LIGHTS SHUT OFF INTERMITTENTLY. THE CONTACT LOST VISIBILITY AND CRASHED INTO THE REAR OF ANOTHER VEHICLE. THE CONTACT SUSTAINED A CONCUSSION AND ANOTHER PERSON SUSTAINED SEAT BELT BRUISING WHICH REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED. THE VEHICLE WAS COMPLETELY DESTROYED AND TOWED TO AN IMPOUND LOT. THE MANUFACTURER STATED THAT THE VIN WAS INCLUDED IN NHTSA CAMPAIGN NUMBER: 14V755000 (EXTERIOR LIGHTING) . THE FAILURE MILEAGE WAS 62,000.

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

On December 22, 2014 I was driving home around 8pm on a rainy evening. Traffic was not moving too quickly due to the weather conditions. The road speed was around 50 but I believe we were moving along around 35 or 40 mph. I was driving along when suddenly I lost total vision in *both* eyes *simultaneously*. I panicked and tried to find light, fearing I was either going to run into someone in front of me, or even worse, go into the lane of oncoming traffic causing a head on collision with several vehicles. I knew where I was and what was happening but at a loss as to what to do. In just a matter of seconds I suddenly saw a small blue square in front of me. The next second it became bigger, about the size of a piece of paper, with two round red lights on either side of it. They didn't look like actual taillights but like reflector lights. At that moment I immediately knew I was about to crash into someone. I remember screaming, hitting the brakes, and swerving to the right...but it was too late. The next thing I knew I saw the front left side of my car go flying through the air right in front of me. When the officer asked me what happened I told him "One minute I could see and the next minute I couldn't! It was like someone dropped a black veil over my head!" and then began to slowly pull it off.

I immediately tried to begin to understand what happened. I went to the hospital and was diagnosed with a minor concussion. Within hours I began going to my family doctor, a neurologist, an opthamologist, an endocrinologist, and even my dermatologist to try to find an answer. After CAT scans, MRIs, an MRA, a brain wave test, eye tests, a field vision test, a cardiac stress test, wearing a 48 hour heart monitor, an EKG and blood work, all the doctors were at a loss as to what could have happened. No one could come up with any reason for a sudden vision loss in both eyes at the same time, and lasting only seconds. I was frustrated and afraid to drive again until I had a definite answer...just *something* to explain it!

Then on January 29, 2015 I received a recall letter from Buick stating "The **headlamp driver module (HDM) may not operate properly in the thermal environment of the underhood electrical center**". The letter identified the make, model, year, and actual VIN number of my car.. I was shocked. It never occurred to me it could be the car! I immediately contacted the insurance company telling them not to dispose of the car. They checked it out and said the driver's light was missing, as was the whole front left side of the car, so they could not check it but the passenger's light was working. However, the recall letter further stated "**This problem could be intermittent or permanent.**" I recalled my vision slowly beginning to come back just as the crash was about to happen. Unfortunately a few seconds isn't enough time to process what is going on and make any meaningful decisions. I'm just grateful no one was seriously hurt.

Buick
P.O. Box 909989
Milwaukee, WI 53209-9989

IMPORTANT SAFETY RECALL

[redacted]

14291 2G4WC552861[redacted]11 0019068
[redacted]
PORT DEPOSIT, MD [redacted]

January 2015

This notice applies to your vehicle, **VIN: 2G4WC55286[redacted]**

Dear [redacted]

This notice is sent to you in accordance with the National Traffic and Motor Vehicle Safety Act.

General Motors has decided that a defect which relates to motor vehicle safety exists in certain 2006 model year Buick LaCrosse vehicles. As a result, GM is conducting a safety recall. We apologize for this inconvenience. However, we are concerned about your safety and continued satisfaction with our products.

IMPORTANT

- Your vehicle is involved in GM safety recall 14291.
- If your vehicle has a condition indicating the headlamp driver module (HDM) is not functioning properly, schedule an appointment with your Buick dealer. Your dealer will install the current HDM service part to correct the condition. This is not a permanent repair. When the revised service part is available, you will receive a second letter advising you to return your vehicle to the dealer for the permanent correction.
- This service will be performed for you at **no charge.**

Why is your vehicle being recalled?

The headlamp driver module (HDM) may not operate properly in the thermal environment of the underhood electrical center. If the HDM is not operating correctly, the low-beam headlamps and daytime running lamps could fail to illuminate. This failure could be intermittent or permanent. This condition does not affect the high-beam headlamps, marker lamps, turn signals, or fog lamps. Loss of low-beam headlamps, when they are required, could reduce the driver's visibility, increasing the risk of a crash.

What will we do?

PARTS ARE NOT CURRENTLY AVAILABLE. The permanent service repair is currently under development. When parts are available, we will send you another letter asking you to take your vehicle to your Buick dealer to have your vehicle serviced. You can also check the status of this recall at www.recalls.gm.com.

GM

What should you do?

If your vehicle has a condition indicating the HDM module is not functioning properly, schedule an appointment with your Buick dealer to perform the repair. Do not operate your vehicle at night without functioning low-beam headlamps. If your vehicle suddenly loses low-beam headlamps while you are operating the vehicle at night, turn on the vehicle's high-beam headlamps as necessary to safety drive the vehicle to the nearest location at which you can safely park and exit the vehicle, then arrange for the vehicle to either be towed to a Buick dealership or driven to a Buick dealership during daytime hours. Your dealer will install the current HDM service part to correct the condition. This is not a permanent repair. When the revised service part is available, you will receive a second letter advising you to return your vehicle to the dealer for the permanent correction.

Did you already pay for this repair?

Even though you may have already had repairs for this condition, you will still need to take your vehicle to your dealer for additional repairs once the revised service part is available. If you have paid for repairs for the recall condition, please complete the enclosed reimbursement form and present it to your dealer with all required documents. Working with your dealer will expedite your request, however, if this is not convenient, you may mail the completed reimbursement form and all required documents to Reimbursement Department, PO Box 33170, Detroit, MI 48232-5170. The completed form and required documents must be presented to your dealer or received by the Reimbursement Department by January 31, 2016, unless state law specifies a longer reimbursement period.

Do you have questions?

If you have questions or concerns that your dealer is unable to resolve, please contact the Buick Customer Assistance Center at 1.800.521.7300 (TTY 1.800.832.8425).

If after contacting your dealer and the Customer Assistance Center, you are still not satisfied we have done our best to remedy this condition without charge and within a reasonable time, you may wish to write the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Avenue, SE., Washington, DC 20590, or call the toll-free Vehicle Safety Hotline at 1.888.327.4236 (TTY 1.800.424.9153), or go to http://www.safercar.gov. The National Highway Traffic Safety Administration Campaign ID Number for this recall is 14V-755.

Federal regulation requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.

Jeffrey M. Boyer
Vice President
Global Vehicle Safety

Enclosure
GM Recall #14291

[redacted]
GM19068/GMR2V150115005
Page 01 of 02

Report Number: [redacted]

State of Maryland Motor Vehicle Crash Report

Reporting Agency: Maryland State Police

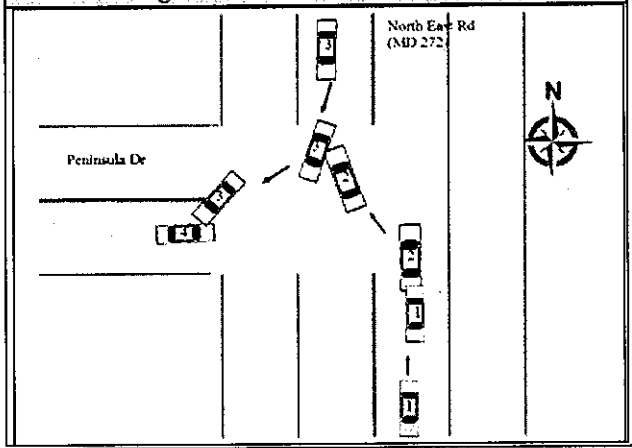
Case Information:

Report Type: **Injury Crash** | County: **Cecil** | Municipality: **N/A**
Local Case No.: [redacted] | Local Codes: | Crash Date: **12/22/2014**
Investigating Officer **Tpr S. Hunt 5019** | Crash Time: **08:16 PM** | ☐ Photos Taken

Location:

GPS X-Coordinates: **-75.95115233333330** | GPS Y-Coordinates: **39.62140266666670**
Main Road: **NORTHEAST RD** | Route #: [redacted]
Intersecting Road: [redacted] | Intersecting Route #: [redacted]
Mile Point: **13.17** | Mile Point Direction: **N** | Distance: **0 Feet** | Distance Direction: **N**

Accident Diagram:



Narrative:

VEHICLE 2 WAS STOPPED IN THE N/B LANE OF NORTH EAST RD (MD 272) WAITING TO MAKE A LEFT TURN ONTO PENINSULA DR. VEHICLE 1 WAS TRAVELING N/B ON NORTH EAST RD AND STRUCK THE REAR OF VEHICLE 2. VEHICLE 2 TRAVELED INTO THE S/B LANE OF NORTH EAST RD AND STRUCK VEHICLE 3 WHICH WAS TRAVELING S/B. VEHICLE 3 THEN STRUCK VEHICLE 4 WHICH WAS STOPPED AT THE STOP SIGN ON [redacted] AT NORTH EAST RD.

Crash Type:

Collision Type: **Same Dir Rear End**
Harmful Event One: **Other Vehicle** | Harmful Event Two: **Other Vehicle**
Fixed Object Struck: **N/A** | School Bus Involved: **Not Involved**
Const./Maint. Zone: **No**

Road/Area:

Lane No.: **1** | Lane Dir.: **N**
No. of Lanes: **1** | Rd. Alignment: **Straight** | Rd. Grade: **Level**
Rd. Division: **Two-Way, Not Divided** | Traffic Control: **No Controls**
Intersection: **T-Intersection** | Inter. Area: **N/A**
Junction: **Intersection**

Conditions:

Road Condition: **No Defects** | Contrib - Road: **Wet**
Weather: **Raining** | Contrib - Environment: **Rain, Snow**
Surface Condition: **Wet** | Light: **Dark Lights On**

MARYLAND STATE POLICE OFFICIAL

Vehicle 1 [redacted]

Basic Information

Registration [redacted] Tag State: **MD** Exp Year: **2015** VIN #: **2G4WC552861** [redacted]
Year: **2006** Make: **BUICK** Model: **LACROSSE** Body Type: **Passenger Car**
Insurer: **STATE AUTO MUTUAL** Policy # [redacted]

At Fault/Citation(s)

At Fault: **Yes** Citation Issued: **No** Citation Code:

Owner

First: [redacted] Middle: Last [redacted]
Street: [redacted] Home Phone [redacted]
City: **PORT DEPOSIT** State: **MD** Zip: [redacted] Other Phone:

Driver:

DL#: [redacted] DL State: **MD** DL Class: **C** CDL: **No**
First [redacted] Middle: [redacted] Last: [redacted]
Street [redacted]
City: **PORT DEPOSIT** State: **MD** Zip: [redacted] Home Phone: [redacted]
DOB [redacted] Sex: **F** Other Phone:

Safety Equip.: **Shoulder/Lap Belt(S)** Equip. Problem: **N/A** Airbag Deployed: **Deployed - Front**

Alch. Test Given: **N/A** Alch. Test Type: BAC: **N/A**
Substance Use: **None Detected** Drug Test Given: **N/A** Drug Test Result:

EMS Unit: Injury Severity: **Non-Incapacitating Injury** Ejected: **Not Ejected/Trapped**
Condition: **Apparently Normal**

Impact & Damage

First Impact: **Twelve Oclock** Areas Damaged: **Twelve Oclock**
Main Impact: **Twelve Oclock**
Most Harmful Event: **Other Vehicle**
Damage Extent: **Disabling** Fire: **No**

Circumstances

Going Direction: **N** Continuing Direction: **N** Vehicle Movement: **Moving Constant Speed** Speed Limit: **50**
Left Scene: **No** Driverless Vehicle: **No** Emergency Vehicle: **No**
Special Function: **N/A**

Contrib. Circumstances Person: **Followed Too Closely, Inattentive, Failed To Give Full Time And Attention**
Driver Distracted By: **Looked But Did Not See** Contrib. Circumstances Vehicle: **N/A**

Sequence of Events: **Struck Motor Vehicle In Transport**

Towing

Towed: **Yes** Removed By: **Craigtown Auto** Removed To: **Lot**

END - Vehicle 1 [redacted]

Vehicle 2 [redacted]:

Basic Information

Registration: [redacted] Tag State: **IN** Exp Year: VIN #: **1J4FA49S72P** [redacted]
Year: **2002** Make: **JEEP** Model: **WRANGLER** Body Type: **(Sport) Utility Vehicle**
Insurer: **ALLSTATE** Policy # [redacted]

At Fault/Citation(s)

At Fault: **No** Citation Issued: **No** Citation Code:

Owner

First: [redacted] Middle [redacted] Last: [redacted]
Street: [redacted] Home Phone: [redacted]
City: **NORTH EAST** State: **MD** Zip: [redacted] Other Phone:

Driver:

DL# [redacted] DL State: **IN** DL Class: C CDL: **No**
First: [redacted] Middle: [redacted] Last: [redacted]
Stree [redacted]
City: **NORTH EAST** State: **MD** Zip: [redacted] Home Phone: [redacted]
DOB: [redacted] Sex: **M** Other Phone:

Safety Equip.: **Shoulder/Lap Belt(S)** Equip. Problem: **N/A** Airbag Deployed: **Not Deployed**

Alch. Test Given: **N/A** Alch. Test Type: BAC: **N/A**
Substance Use: **None Detected** Drug Test Given: **N/A** Drug Test Result:

EMS Unit: Injury Severity: **No Injury** Ejected: **Not Ejected/Trapped**
Condition: **Apparently Normal**

Impact & Damage

First Impact: **Six Oclock** Areas Damaged: **Six Oclock, Eleven Oclock, Twelve Oclock**
Main Impact: **Six Oclock**
Most Harmful Event: **Other Vehicle**
Damage Extent: **Disabling** Fire: **No**

Circumstances

Going Direction: **N** Continuing Direction: **W** Vehicle Movement: **Stopped In Traffic Lane** Speed Limit: **50**
Left Scene: **No** Driverless Vehicle: **No** Emergency Vehicle: **No**
Special Function: **N/A**

Contrib. Circumstances Person: **N/A**
Driver Distracted By: **Not Distracted** Contrib. Circumstances Vehicle:

Sequence of Events: **Struck Motor Vehicle In Transport**

Towing

Towed: **Yes** Removed By: **Collette's Service Center** Removed To: **Lot**

END - Vehicle 2 [redacted]

Vehicle 3 [redacted]

Basic Information

Registration: [redacted] Tag State: **MD** Exp Year: **2015** VIN #: **1N4AL21E27C**[redacted]
Year: **2007** Make: **NISSAN** Model: **ALTIMA** Body Type: **Passenger Car**
Insurer: **NATIONWIDE** Policy #: [redacted]

At Fault/Citation(s)

At Fault: **No** Citation Issued: **No** Citation Code:

Owner

First: [redacted] Middl[redacted] Last: [redacted]
Street: [redacted] Home Phone: [redacted]
City: **RISING SUN** State: **MD** Zip: [redacted] Other Phone:

Driver:

DL#: [redacted] DL State: **MD** DL Class: **C** CDL: **No**
First: [redacted] Middle: [redacted] Last: [redacted]
Street: [redacted]
City: **RISING SUN** State: **MD** Zip: [redacted] Home Phone: [redacted]
DOB: [redacted] Sex: **F** Other Phone:

Safety Equip.: **Shoulder/Lap Belt(S)** Equip. Problem: **N/A** Airbag Deployed: **Deployed - Front**

Alch. Test Given: **N/A** Alch. Test Type: BAC: **N/A**
Substance Use: **None Detected** Drug Test Given: **N/A** Drug Test Result:

EMS Unit: **A** Injury Severity: **Non-Incapacitating Injury** Ejected: **Not Ejected/Trapped**
Condition: **Apparently Normal**

Impact & Damage

First Impact: **Ten Oclock** Areas Damaged: **Twelve Oclock, Eleven Oclock, Ten Oclock**
Main Impact: **Ten Oclock**
Most Harmful Event: **Other Vehicle**
Damage Extent: **Disabling** Fire: **No**

Circumstances

Going Direction: **S** Continuing Direction: **S** Vehicle Movement: **Moving Constant Speed** Speed Limit: **50**
Left Scene: **No** Driverless Vehicle: **No** Emergency Vehicle: **No**
Special Function: **N/A**

Contrib. Circumstances Person: **N/A**
Driver Distracted By: **Not Distracted** Contrib. Circumstances Vehicle: **N/A**

Sequence of Events: **Struck Motor Vehicle In Transport**

Towing

Towed: **Yes** Removed By: **Craigtown Auto** Removed To: **Lot**

END - Vehicle 3 [redacted]

Vehicle 4 [redacted]

Basic Information

Registration: [redacted] Tag State: **MD** Exp Year: **2016** VIN #: **1G2WP52KXWF**[redacted]
Year: **1998** Make: **PONTIAC** Model: **GRAND PRIX** Body Type: **Passenger Car**
Insurer: **VICTORIA FIRE CAS INS CO** Policy [redacted]

At Fault/Citation(s)

At Fault: **No** Citation Issued: **No** Citation Code:

Owner

First: [redacted] Middle: [redacted] Last [redacted]
Street: [redacted] Home Phone: [redacted]
City: **STREET** State: **MD** Zip [redacted] Other Phone:

Driver:

DL# [redacted] DL State: **MD** DL Class: **C** CDL: **No**
Firs[redacted] Middle: [redacted] Last: [redacted]
Street: [redacted]
City: **STREET** State: **MD** Zip: [redacted] Home Phone: [redacted]
DOB: [redacted] Sex: **M** Other Phone:

Safety Equip.: **Shoulder/Lap Belt(S)** Equip. Problem: **N/A** Airbag Deployed: **Not Deployed**

Alch. Test Given: **N/A** Alch. Test Type: BAC: **N/A**
Substance Use: **None Detected** Drug Test Given: **N/A** Drug Test Result:

EMS Unit: Injury Severity: **No Injury** Ejected: **Not Ejected/Trapped**
Condition: **Apparently Normal**

Occupant:

First: [redacted] Middle [redacted] Last [redacted]
Street: [redacted]
City: **NORTH EAST** State: **MD** Zip: [redacted] Home Phone: [redacted]
DOB [redacted] Sex: **M** Other Phone:

Safety Equip.: **Shoulder/Lap Belt(S)** Equip. Problem: **No Misuse** Airbag Deployed: **Not Deployed**

Seat: **Right** Seating Location: **Right Front Seat** Seating Row: **1**

EMS Unit: Injury Severity: **No Injury** Ejected: **Not Ejected/Trapped**

Impact & Damage

First Impact: **Eleven Oclock** Areas Damaged: **Eleven Oclock, Ten Oclock**
Main Impact: **Eleven Oclock**
Most Harmful Event: **Other Vehicle**
Damage Extent: **Disabling** Fire: **No**

Circumstances

Going Direction: **E** Continuing Direction: **E** Vehicle Movement: **Stopped In Traffic Lane** Speed Limit: **25**
Left Scene: **No** Driverless Vehicle: **No** Emergency Vehicle: **No**
Special Function: **N/A**

Contrib. Circumstances Person: **N/A**
Driver Distracted By: **Not Distracted** Contrib. Circumstances Vehicle: **N/A**

Sequence of Events: **Struck Motor Vehicle In Transport**

Towing

Towed: **Yes** Removed By: **Craigtown Auto** Removed To: **Lot**

END - Vehicle 4 [redacted]

EMS Unit A (NORTH EAST VFD):		
EMS Run Report #: **N/A**	EMS Type: **Ground Transport**	Taken to: **CHRISTIANA**