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

MAR 27 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: 03-MAR-2015	Repository ☐
	Reference No.: 10691789

OWNER INFORMATION (Type or Print)

Name: [redacted]		Daytime Telephone Number: [redacted]	E-mail Address:
Address: [redacted]		Evening Telephone Number:	
City: DAYTON	State: OH	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
VIN KL4C SAS B3D B[redacted]	BUICK	ENCORE	2013

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
2-19-13	REGAL AUTO BUICK			4	P, FB UNLEADED
Original Owner ☒	Dealer's City: DAYTON	State: OH	Zip Code: 45406		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTO MAT	☒ Antilock Brakes ☒ Cruise Control			13-FEB-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 980000 UNKNOWN OR OTHER, 117000 DIGITAL INSTRUMENT PANEL	Failure Mileage	Failure Speed
	14000	

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 2013 BUICK ENCORE. THE CONTACT STATED THAT THE GAUGES IN THE INSTRUMENT PANEL WERE VERY HARD TO BE SEEN WHILE THE SUN WAS OUT. THE FAILURE RECURRED MULTIPLE TIMES. THE VEHICLE WAS TAKEN TO THE DEALER. THE VEHICLE WAS DIAGNOSED BUT NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE VIN WAS NOT PROVIDED. THE FAILURE MILEAGE WAS 14,000.

THE VEHICLE WAS FAULTY FROM DAY ONE. THE DEALER COULDNOT REPAIR IT REFERED ME TO GM SPOKE TO 7 ARROGANT PEOPLE SAID THEY WOULD NOT REPAIR IT UNTILL THEY GOT MORE COMPLAINTS I FILED RECENTY AFTER RECALLS STILL GOT REJECTED

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.

ON A SUNNY DAY THE INFORMATION PANEL IS WASHED I CAN NOT SEE THE SPEED GAS GAUGE TEMPERATURE ETC IS A FINE VEHICLE OTHERWISE