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 ☐ |
|---|---|
| 11-MAY-2015 JUN 29 2015 | Reference No. 10715659 |

**OWNER INFORMATION (Type or Print)**

| Name | [redacted] | Daytime Telephone Number | E-mail Address |
|---|---|---|---|
| Address | [redacted] | [redacted] | [redacted] |
| City CONCORD | State NC | Zip Cod [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 |
|---|---|---|---|
| 2 [redacted] G4WD582081 [redacted] | BUICK | LACROSSE | 2008 |

| Date Purchased | Dealer's Name and Telephone Number | Engine: No: Cylinders | Fuel Type: |
|---|---|---|---|
| 3 - 2015 | [redacted] Purched from Gather | | |
| Original Owner ☐ | Dealer's City / State / Zip Code | | |

| Transmission Type | | Powertrain | Multiple Failure: | Incident Date(s) |
|---|---|---|---|---|
| Auto | ☑ Antilock Brakes ☑ Cruise Control | | | 19-MAR-2015 |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

| Vehicle Component Code: 140000 AIR BAGS | Failure Mileage | Failure Speed |
|---|---|---|
| | 80000 | Any |

**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 LACROSSE. THE CONTACT STATED THAT WHILE DRIVING AT VARIOUS SPEEDS, THE FRONT PASSENGER SIDE AIR BAG WARNING LIGHT ILLUMINATED INTERMITTENTLY. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 80,000. THE VIN WAS NOT AVAILABLE.

The passenger side air Bag goes from on to off intermittently when adult passenger is there. The manufacture has been notified but will do nothing. after going on line, found others have had same problem after being repaired.

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.**

Have talked to Ben Mynatt Buick in Concord N.C.