U.S. Department of Transportation

National Highway Traffic Safety Administration

NOC 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
18-JUN-2015	Reference No. 10725985

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City DAMASCUS	State OR	Zip Code	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
1G4CW52K1V4	BUICK	PARK AVENUE	1997

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

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 12-MAY-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 980000 UNKNOWN OR OTHER	Failure Mileage	Failure Speed
	89494	

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).

MY PROBLEM IS, THE LEFT BLINKER OF THE FRONT, BACK AND HEADBOARD IS NOT WORKING.
BUT IF I PUT ON MY FLASHERS, ALL MY LIGHTS ARE WORKING, INCLUDING THE LEFT BLINKER. I TOOK IT IN AND THEY TOLD ME THAT ITS NOT THE LIGHT BULB, AND ITS NOT THE FUSERS FROM BOTH THE FRONT AND THE HEADBOARD FUSES BOXES, AND I'VE BEEN TOLD BY RESEARCH AND THE MECHANIC THAT THIS IS NOT A NEW PROBLEM AND ITS BEEN AN OCCURRING ISSUE FOR THE 1997-2005 BUICK PARK AVENUE.

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