

- Step 1: Complete this form.
- Step 2: Click here to save the form to your computer.
- Step 3: Click here to access the upload web page.

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

Temporary Complaint Number (TCN): (N) 175 075

This PDF document is secured and the content is protected

Required Information in Bold

Form Approved: OMB No. 2127-0008; Expires 05/31/2018

Vehicle Information

EQ-10762619-7648

Vehicle Identification Number (VIN) (See Instructions on the next page to locate the VIN.)

2	G	4	W	D	5	3	2	4	5	1						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

Select/Enter Make

Buick

Enter Model

LACROSSE CXL

Select/Enter Year

2005

Incident Information

Approximate Incident Date

8/17/15

For multiple incident dates enter the first date of occurrence.

(mm/dd/yyyy)

Was there a Crash? Yes No

Was there a Fire? Yes No

Failure Mileage

118500 miles

For multiple incidents enter the first failure mileage.

Number of Deaths, if any

—

Number of Persons Injured, if any

—

Was medical attention required?

Yes No

Speed (at time of incident)

— mph

Description (up to 1900 characters)

WARNING: This description, exactly as you enter it, may appear in a public NHTSA database.

Do not include any personal information (name, street/email address, phone number, social security/driver license number, Vehicle Identification Number (VIN), etc...).

The POWER steering was very tight & required alot of effort TO TURN the wheel. The Mechanic said the car needs a new Rack & Pinion - Hose - Alignment - very costly! (Defect?)

UNKNOWN by me - see above!

If your component is not listed below, please describe the component in the above description field.

Failed Component 1

Select the Component

Failed Component 2

Select the Component

Failed Component 3

Select the Component

Personal Information

First Name

[Redacted]

Last Name

[Redacted]

Email

[Redacted]

(provided earlier and locked for your security)

Daytime Phone

[Redacted]

Evening Phone

SAME

Address 1

[Redacted]

Address 2

[Redacted]

City

Charles City

State

Iowa

Zip Code

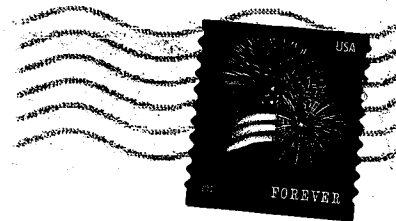
[Redacted]

[Redacted]
[Redacted]
Charles City, IA
[Redacted]

AUG 25 2015

WATERLOO IA 507

17 AUG 2015 PM 2 L



Dept. of TRANSPORTATION
NHTSA
Office of Defects Investigation/CRD, NVS-216
1200 New Jersey Ave. SE
Wash., DC 20590

