

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

 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 14-SEP-2015 NOV 19 2015		Repository ☐ Reference No. 10763474	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	
City		State	Zip Code	Evening Telephone Number	
CLERMONT		FL			
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	
2G4WC532X51		BUICK	LACROSSE	2005	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
2005	COURTESY BUICK		No: Cylinders	unleaded	
Original Owner	Dealer's City	State	Zip Code		
☐	ORLANDO	FL			
Transmission Type	☐ Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)	
AUTO	☒ Cruise Control			01-APR-2014	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: LIGHTING (PWS) DURING NIGHT TIME DRIVING THE HEADLIGHTS GO OFF. MUST USE BRIGHTS				Failure Mileage	Failure Speed
				90000	40
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: DOTM19ABC036)	☐ 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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>					
Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police 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 2005 BUICK LACROSSE. WHILE DRIVING 40 MPH, THE LOW BEAM HEAD LAMPS FAILED TO ILLUMINATE. THE FAILURE RECURRED ON NUMEROUS OCCASIONS. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC, BUT WAS NOT DIAGNOSED OR REPAIRED. THE VIN WAS INCLUDED IN NHTSA CAMPAIGN NUMBER: 14V755000 (EXTERIOR LIGHTING); HOWEVER, THE PART NEEDED TO REPAIR THE VEHICLE WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 90,000.					
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.					

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

When DRIVING my Buick AT Night The Lights
go off. CAN Happen AT Any Time. I Need
To be prepared To Turn ON AND Use my
BRIGHT lights.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

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Penalty for Private Use \$300

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**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosure
form to file a report**

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hot
888-327-4236**



Office of Defects Investigation (VOC)
U.S. Department of Transportation
National Highway Traffic Safety Administration