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	Repository ☐
14-SEP-2015 NOV 17 2015	Reference No. 10763525

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number	
City GILBERT	State AZ	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
2G4WD582791[redacted]	BUICK	LACROSSE	2009

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
JANUARY 13, 2010	CROWN BUICK 616-396-5268			6	UNL
Original Owner ☑	Dealer's City HOLLAND	State MI	Zip Code 49423		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTO	☑ Antilock Brakes ☑ Cruise Control			13-SEP-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: LIGHTING (PWS)	Failure Mileage	Failure Speed
	148000	50

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 2009 BUICK LACROSSE. WHILE DRIVING APPROXIMATELY 50 MPH, THE FRONT HEAD LAMPS AND DAYTIME RUNNING LIGHTS FAILED WITHOUT WARNING. THE CONTACT HAD TO ACTIVATE THE HIGH BEAMS TO INCREASE HIS VISIBILITY. THE FRONT HEAD LAMPS AND DAY TIME RUNNING LIGHTS WOULD NO LONGER ILLUMINATE; THEREFORE, THE CONTACT HAD TO ACTIVATE THE HIGH BEAMS WHILE DRIVING AT NIGHT. THE VEHICLE WAS NOT TAKEN TO THE DEALER. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 14V755000 (EXTERIOR LIGHTING); HOWEVER, THE PART TO DO THE REPAIR WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 148,000.

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