

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	
OWNER INFORMATION (Type or Print)		Date Received 15-SEP-2015 NOV 11 2015		Repository ☐	
Name [REDACTED]		Daytime Telephone Number [REDACTED]		Reference No. 10763894	
Address [REDACTED]		Evening Telephone Number		E-mail Address	
City SMITHFIELD		State PA		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 2G4WC582091 [REDACTED]		Make BUICK		Model LACROSSE	
Model Year 2009		Date Purchased 12-2014		Dealer's Name and Telephone Number	
Engine: 3.8 No: Cylinders 6		Fuel Type: GAS		Original Owner ☐	
Dealer's City		State		Zip Code	
Transmission Type Auto		☒ Antilock Brakes ☐ Cruise Control		Powertrain	
Multiple Failure: yes		Incident Date(s) 01-JUN-2015 many other times			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: LIGHTING (PWS)				Failure Mileage 32000	
				Failure Speed 55	
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: DOTM9ABC036)		☐ 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 ☐ 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 2009 BUICK LACROSSE. WHILE DRIVING 55 MPH, THE HEADLIGHTS STALLED WITHOUT WARNING. 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 MADE AWARE OF THE ISSUE. THE FAILURE MILEAGE WAS 32,000.					
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 to 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.					