



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
AN 12 2016
04-NOV-2015

Repository ☐

Reference No.
10788373

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SEDONA State AZ Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [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
2G4WD582291 [REDACTED] Make BUICK Model LACROSSE Model Year 2009
Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders [REDACTED] Fuel Type: [REDACTED]
Original Owner ☐ Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]
Transmission Type ☐ Antilock Brakes ☐ Cruise Control Powertrain [REDACTED] Multiple Failure: [REDACTED] Incident Date(s) 21-OCT-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: LIGHTING (PWS) Failure Mileage 49000 Failure Speed [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC036) ☐ Original Equipment ☐ Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 [REDACTED] Number of Deaths [REDACTED] 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. THE CONTACT STATED THAT THE HEADLIGHTS FAILED TO ILLUMINATE. THE FAILURE RECCURED MULTIPLE TIMES. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC AND THE CONTACT WAS MADE AWARE OF NHTSA CAMPAIGN NUMBER: 14V755000 (EXTERIOR LIGHTING); HOWEVER, THE VIN WAS NOT INCLUDED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 49,000.

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.

CUSTOMER #:



INVOICE

SEDONA, AZ

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361 N. Switzer Canyon Dr.
 FLAGSTAFF, AZ 86001
 Phone: (928) 774-1472 · Fax: (928) 214-7196
 www.flagbuickgmc.com

HOME: [REDACTED]
 BUS: [REDACTED]

CONT [REDACTED]
 CELL: [REDACTED]

SERVICE ADVISOR: 60221 PATRICK BENFORD

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	09	BUICK LA CROSSE	2G4WD582291		49460/49460	T1748.	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
05NOV15 DD			17:00 05NOV15		0.00	CASH	05NOV15
R.O. OPENED		READY	OPTIONS: ENG:3.8 Liter SFI				

09:55 05NOV15 11:31 05NOV15

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
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A CUSTOMER STATES THAT LOW BEAMS ARE IN OP
 CAUSE: NO LOW BEAM HEAD LAMPS

RECALL FOUND THAT HDM NEED REPLACEMENT

60210 W

1 15016745 2485BPCT (S) RELAY

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A:

(PERFORMED TEMPORARY FIX FOR RECALL 14291) INSTALLED NEW HDM

B WASH VEHICLE

WASH WASH VEHICLE

99999 CP

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B:

WASHED

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DATE: _____ CUSTOMER SIGNATURE: _____

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
SHOP SUPPLIES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00