


INFORMATION Redacted PURSUANT TO THE FREEDOM OF

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) FOR AGENCY USE ONLY 100148</p>	
<p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>Date Received 07-APR-2016 MAY 10 2016</p>	<p>Repository <input type="checkbox"/> Reference No. 10853962</p>
<p>OWNER INFORMATION (Type or Print)</p>			
<p>Name [REDACTED]</p>		<p>Daytime Telephone Number [REDACTED]</p>	
<p>Address [REDACTED]</p>		<p>E-mail Address</p>	
<p>City DAVISVILLE</p>	<p>State MO</p>	<p>Zip Code [REDACTED]</p>	
<p>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).</p>			
<p>VEHICLE INFORMATION</p>			
<p>17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2G4WC582581 [REDACTED]</p>		<p>Make BUICK</p>	<p>Model LACROSSE</p>
<p>Date Purchased</p>		<p>Dealer's Name and Telephone Number</p>	
<p>Original Owner <input type="checkbox"/></p>		<p>State</p>	<p>Zip Code</p>
<p>Engine: No: Cylinders 6</p>		<p>Fuel Type: GASOLINE</p>	
<p>Transmission Type AUTO</p>	<p><input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control</p>	<p>Powertrain</p>	<p>Multiple Failure: Incident Date(s) 07-APR-2015</p>
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>			
<p>Vehicle Component Code: VISIBILITY/WIPER (PWS)</p>		<p>Failure Mileage</p>	<p>Failure Speed</p>
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p>			
<p>Tire Make</p>	<p>Tire Model (Name or Number)</p>		<p>Tire Size (Example P215/65R15)</p>
<p>DOT No. (Example: DOTM19ABC036)</p>	<p><input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair</p>	<p>Failure Location:</p>	
<p>Tire Component Code</p>		<p>Tire Failure Type:</p>	
<p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p>			
<p>Make:</p>	<p>Date Manufactured:</p>	<p>Model No./Name:</p>	
<p>Seat Type:</p>	<p>Installation System:</p>		
<p>Child Seat Component Code:</p>		<p>Failed Part:</p>	
<p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</p>			
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Deaths</p>
<p>Reported to Police N</p>		<p></p>	
<p>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).</p>			
<p>TL* THE CONTACT OWNS A 2008 BUICK LACROSSE. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 14V755000 (VISIBILITY) HOWEVER, THE PART TO DO THE REPAIR WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER HAD EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE.</p>			
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>		<p>ATTACH ADDITIONAL SHEETS IF NECESSARY</p>	
<p>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.</p>			

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

THE LOW BEAM HEAD LIGHTS REACH A VERY SHORT DISTANCE FROM THE VEHICLE

IT IS ONLY SAFE TO DRIVE THE VEHICLE IN THE DAY TIME

IT HAS BEEN SEVENTEEN MONTHS SINCE I GOT MY RECALL NOTICE THEY STILL SAY THAT THEY DONT HAVE PARTS AVIALABLE

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

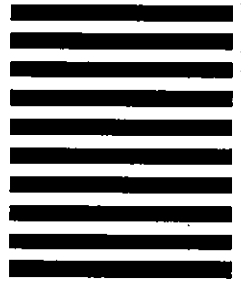
1200 New Jersey Avenue SE. Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

SPRINGFIELD
MO 658
02 MAY '36
PM 54



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



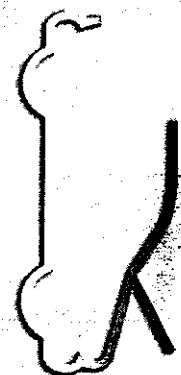
BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



Think your vehicle has a safety defect?



If so:
Use the enclosed form to file a report.

or visit:
www.safercar.gov

or call:
Vehicle Safety Hotline
888-327-4236



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration