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
26-MAY-2016 JUL 13 2016	Reference No. 10870962

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City MONTEBELLO	State NY	Zip Code	

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
2G4WC582691	BUICK	LACROSSE	2009

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
06/17/2009	Wallingford Buick	203 269-8741	No: Cylinders 6	Gas
Original Owner ☒	Dealer's City Wallingford	State CT / Zip Code 06492		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
Automatic	☒ Antilock Brakes ☒ Cruise Control	3.8	Yes	10-MAY-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 162000 STRUCTURE: BODY, 170000 LATCHES/LOCKS/LINKAGES	Failure Mileage	Failure Speed
	60000	N/A

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			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 THE VEHICLE WAS STATIONARY, THE REAR DOOR LOCK ACTUATOR FAILED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOT MADE AWARE OF THE ISSUE. THE FAILURE MILEAGE WAS 60,000.

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

HALLETT PLACE AUTOMOTIVE
14 HALLETT PLACE
Suffern, NY. 10901
Phone: 845-357-6962 Fax: 845-504-5003

INVOICE
[redacted]
9KK7

INVOICE

Vehicle Received: **05/10/2016** Invoice Date: **05/12/2016**

[redacted]
Suffern, NY [redacted]
Home : [redacted]
Cust ID : [redacted]

2009 Buick - LaCrosse CX - 3.8L, V6 (231CI) VIN(2)
Lic # : [redacted]
Odometer In : 60212
Odometer Out : 60212
VIN # : 2G4WC5826 **91**[redacted]

Part Description / *Number*	Qty	Sale	Ext	Labor Description	Extended
LEFT REAR DOOR LOCK ACTUATOR *PC25876459*	1.00	125.60	125.60	REAR DRIVERS SIDE DOOR ONLY UNLOCKS HALF WAY DOOR WILL NOT OPEN DOOR LOCK ACTUATOR MOTOR IS NOT WORKING. REPLACED LEFT REAR DOOR LOCK ACTUATOR /W MOTOR..	98.00

Org. Estimate 0.00 Revisions 0.00 Current Estimate 0.00

Labor:	**98.00**
Parts:	**125.60**
SubTotal:	**223.60**
Tax:	**18.73**
Total:	**242.33**
Bal Due:	**$242.33**

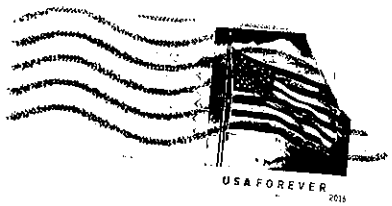
[Payments -]

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on street, highways or elsewhere for the purpose to testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto. Warranty on parts and labor is one years or 12,000 miles whichever comes first. Warranty work has to be performed in our shop & cannot exceed the original cost of repair.

Signature [redacted] Date_____ Time_____

[redacted]
Suffern, NY [redacted]

WESTCHESTER NY 105
27 JUN 2016 PM 5L



US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
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