

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: 28-JUL-2016
Repository:
Reference No.: 10889379

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: OAKRIDGE State: TN 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: 2G4WD582X81 [Redacted]
Make: BUICK Model: LACROSSE Model Year: 2008
Date Purchased: 01/26/10 Dealer's Name and Telephone Number: WARRENTON TOYOTA SCION
Original Owner: Dealer's City: WARRENTON State: VA Zip Code: 20187 Engine: 6 Cylinders Fuel Type: GAS
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: AUTOMATIC
Multiple Failure: Incident Date(s): 22-JUL-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 120000 EXTERIOR LIGHTING, 110000 ELECTRICAL SYSTEM
Failure Mileage: 78000 Failure Speed: 0

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: DOTM19ABC036) 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 2008 BUICK LACROSSE. THE CONTACT STATED THAT THE TAIL LIGHTS FAILED. THE CONTACT REPLACED THE TAIL LIGHT BULBS, BUT DISCOVERED THAT THE HEADLIGHTS ALSO FAILED. THE DEALER STATED THAT THE VEHICLE WAS NOT INCLUDED IN NHTSA CAMPAIGN NUMBER: 15V519000 (EXTERIOR LIGHTING). THE HEADLIGHTS WERE NOT REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED. THE FAILURE MILEAGE WAS 78,000.

THE MANUFACTURER WOULD NOT TAKE RESPONSIBILITY FOR THE FAILURE AND THE OWNER PAID THE DEALER \$300.00 TO FIX THE LIGHTS. SEE ATTACHED BILL.

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 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 #: [REDACTED]

INVOICE



BUICK GMC TRUCK
8330 Kingston Pike
Knoxville, TN 37919
(865) 693-0610
www.riceautomotive.com

DUPLICATE 2
PAGE 1

OAK RIDGE, TN [REDACTED]
HOME: [REDACTED] CONT: [REDACTED]
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 754 JOSH JOHNSON

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG	
	08	BUICK LACROSSE	2G4WD582X81 [REDACTED]		79147/79147	T27	
DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
31JAN08 DD			15:00 03AUG16		101.00	CASH	03AUG16
R.O. OPENED	READY	OPTIONS: DLR: [REDACTED] ENG:3.8_Liter_SFI					
03AUG16	03AUG16						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A SERVICE CARE CENTER APPOINTMENT							
CAUSE: SERVICE CARE CENTER APPOINTMENT							
SCC SERVICE CARE CENTER APPOINTMENT							
			65	CCM		0.00	0.00

B CUSTOMER STATES BOTH LOW BEAM HEADLIGHTS ARE INOP							
DIAG REPLACED RELAY MODULE							
			733	CCR		59.95	59.95
			1	13506836 (S)RELAY	200.35	200.35	200.35
,,,79147 LOW BEAM LIGHTS 1.00							
,,,DIAGNOSE LOW BEAM LIGHTS. REMOVE DISTRIBUTION CENTER TO FRICTION							
,,,CHECK TERMINALS FOR HEADLIGHT MODULE. REPLACE MODULE TO REPAIR.							
,,,LEFT PART IN CONSOLE.							

C MULTI POINT VEHICLE INSPECTION							
142 MULTI POINT VEHICLE INSPECTION							
			733	CCM		0.00	0.00

THANK YOU FOR YOUR BUSINESS !
ASK ABOUT OUR SATURDAY SERVICE HOURS

Memo from: Mark Beason
Service Manager

We appreciate the opportunity to serve you and it is our desire that you be completely satisfied.
If for any reason you are not satisfied or the work was not done to your complete satisfaction, please contact me.



RICE BUICK-GMC, INC.
8330 KINGSTON PIKE
KNOXVILLE, TN 37919
(865) 693-0610

DISCLAIMER OF WARRANTIES

Any warranties on the products sold hereby are those made by the manufacturer. The seller, RICE BUICK-GMC TRUCK, INC., hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and RICE BUICK-GMC TRUCK, INC. neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

I hereby authorize the repair work herein set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in part shipment by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

REPAIR WORK DONE ON THIS ORDER WILL BE BASED IN PART UPON A FLAT RATE MANUAL COMPUTATION
ALL PARTS AND SERVICE WORK *CREDIT CARD* OR CASH.

SIGNATURE _____

DESCRIPTION	TOTALS
LABOR AMOUNT	59.95
PARTS AMOUNT	200.35
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	260.30
LESS INSURANCE	0.00
SALES TAX	24.08
PLEASE PAY THIS AMOUNT	284.38



Thank you for contacting Buick, Case number



2 messages

CustomerAssistance@buick.com <CustomerAssistance@buick.com>

Fri, Aug 5, 2016 at 11:47 AM

Reply-To: CustomerAssistance@buick.com

To: [Redacted]

Email ID: [Redacted] (Do not delete/alter this line)

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Dear [Redacted],

Thank you for calling Buick with regard to your 2008 Buick LaCrosse. For your reference, your case number from our conversation today is [Redacted]

As we discussed, I will be sending your information to Mark Beason, who is the Customer Experience Manager at Rice Buick-GMC. He will be your main point of contact, and can be reached at (865) 693-0610.

If at any point you need assistance beyond working with the CE Manager, I can be reached at the number listed below, or emailed at CustomerCare@Buick.com (please reply with history to this email for fastest response). Either the CE Manager or I will contact you with an update or resolution as quickly as possible.

Thank you,

Angela

Buick Customer Assistance

Phone Number: 1-866-790-5700

Extension Number: 5914318

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[Redacted] <[Redacted]>

Tue, Aug 23, 2016 at 11:42 AM

To: [Redacted]

[Quoted text hidden]