INFORMATION REDACTED PURSUANT TOTHE 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

Date Received	Repository ☐
10-AUG-2018 OCT 15 2018	Reference No. 11118910

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address [redacted]				
City ROME CITY	State IN	Zip Code [redacted]	Evening Telephone Number	

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
1G4GB5GR7FF [redacted]	BUICK	LACROSSE	2015

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 10-JUL-2018

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 120000 LIGHTING (PWS), 121000 EXTERIOR LIGHTING: HEADLIGHTS	Failure Mileage 5000	Failure Speed

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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Deaths	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 2015 BUICK LACROSSE EQUIPPED WITH ADAPTIVE HEADLIGHTS. WHILE DRIVING DOWNHILL AT NIGHT, THE HEADLAMPS FAILED TO PROVIDE ADEQUATE ILLUMINATION. THE CONTACT STATED THAT THE FAILURE OCCURRED ONLY WHILE TRAVELING DOWNHILL. THE VEHICLE WAS TAKEN TO BURNWORTH-ZOLLARS CHEVROLET (350 US-6, LIGONIER, IN 46767, (260) 894-3127) TO BE DIAGNOSED. THE CONTACT STATED THAT THE HEADLAMPS WERE ADJUSTED; HOWEVER, THE FAILURE PERSISTED. THE MANUFACTURER WAS NOT CONTACTED. THE APPROXIMATE FAILURE MILEAGE WAS 5,000.

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

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

6-15-18 reported headlight problem @ time of oil change - made appt.
7-17-18 Had headlight checked - Troy said he wanted to drive my car at night - said he would call me for appt - no call - did not drive my car at night or day.
9-7-18 I called Troy he said he was waiting for headlight part to come in and would call me. - This letter was written on 9-7-18 [redacted]

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

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
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Office of Defects Investigation, NEF-100
1200 New Jersey Avenue SE.
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