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
MAR 03 2020	☐
30-SEP-2019	Reference No. 11259012

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City HARRISBURG	State PA	Zip Code	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
2G4WD582161	BUICK	LACROSSE	2006

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City: LAKE LAND	State: FL.	Zip Code: 33803	V-6	GAS

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTO	☐ Antilock Brakes ☐ Cruise Control			29-SEP-2019

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 120000 LIGHTING (PWS)	Failure Mileage	Failure Speed
1 13506836 9277 CPC	121500	ANY

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 2006 BUICK LACROSSE. THE CONTACT STATED THAT THE LOW BEAM HEADLIGHTS WENT OUT WHILE THE VEHICLE WAS TRAVELING AT NIGHT. THE FAILURE RECURRED IN THE MORNING. FAULKNER BUICK GMC HARRISBURG (2650 PAXTON ST, HARRISBURG, PA 17111, (877) 891-7240) STATED THAT THE SPECIAL WARRANTY COVERAGE EXPIRED IN 2017 AND THERE WAS NO RECALL ON THE VEHICLE. THE DEALER STATED THAT THEY WOULD CALL THE CONTACT BACK WITH AN ESTIMATE TO REPAIR THE LOW BEAMS HEADLIGHTS. THE FAILURE MILEAGE WAS 121,500.

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

CUSTOMER #: [redacted]
UNIT# [redacted]

[redacted]

HARRISBURG, PA [redacted]
HOME: [redacted] CONT: [redacted]
BUS: CELL:

[redacted]

INVOICE

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Faulkner

BUICK GMC

TO BE SURE

2650 Paxton Street
Harrisburg, PA 17111
Telephone: (717) 346-5651
www.faulknertobesure.com

SERVICE ADVISOR: 376031 JOEL BUCHENAUER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
WHITE	06	BUICK LACROSSE	2G4WD582161[redacted]		121940/121940	T525

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN06 DD			WAIT 04OCT19		0.00	CASH	04OCT19

R.O. OPENED	READY	OPTIONS: ENG:3.8_Liter_SFI
04OCT19	04OCT19	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	CUSTOMER STATES LOW HEADLAMP BEAMS ARE INOPERATIVE, CHECK & ADVISE						
	MISC		REPLACE	HEADLAMP MODULE			
	9277		CPC			92.00	92.00
1	13506836		(S)	RELAY	203.24	203.24	203.24
PARTS: 203.24 LABOR: 92.00 OTHER: 0.00 TOTAL LINE A: 295.24							
B	QUOTE $ 295 PLUS TAX TO REPLACE HEALAMP MODULE						
	INFO		INFORMATION	ON THIS LINE***			
	9999		CPC			0.00	0.00
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00							

We love having you as a customer. Our goal is to ensure that you are **Completely Satisfied** with our service. If we have fallen short of this goal in any area, please contact me immediately. Thank you for your business.

Dan Troutman
Service Manager

PAID
Date 10-4-19
Cash
Check
CC VISA

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 parts shipments 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.

I HEREBY ACKNOWLEDGE RECEIPT OF A COPY HEREOF.

X _____

DESCRIPTION	TOTALS
LABOR AMOUNT	92.00
PARTS AMOUNT	203.24
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	295.24
LESS INSURANCE	0.00
SALES TAX	17.71
PLEASE PAY THIS AMOUNT	312.95

CUSTOMER COPY

HARRISBURG BUICK GMC
2650 PAXTON STREET
HARRISBURG, PA 17111

Merchant ID: 7609
Term #: 0001 Store #: 0001
Ref #: 0005

Sale

XXXXXXXXXX[redacted]
VISA Entry Method: Chip

Total: $ 312.95

10/04/19 09:41:19
Inv #: [redacted] Appr Code: 010316
Transaction ID: 469277492791637
Apprvd: Online Batch#: [redacted]

VISA DEBIT
AID: A0000000031010
TSI: 6800
TVR: 8080008000

Customer Copy