

U.S. Department  
of TransportationNational 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

**POSTED**

FOR AGENCY USE ONLY

Date Received

Reference No.

**560014****OWNER INFORMATION (Type or Print)**

Daytime Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

**PRODUCT INFORMATION**

|                                                                                                                                                                                                                                                                         |                                                                                                       |                                                                                                                                                                                                                                                          |                                                                                                                                              |                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Identification No. (VIN.)<br>(17 Digits)<br>2 G 4 W S 5 2 J O Y 1 2 0 5 5 8 0                                                                                                                                                                                   |                                                                                                       | Make<br><b>BUICK</b>                                                                                                                                                                                                                                     | Model<br><b>CENTURY</b>                                                                                                                      | Year<br><b>2000</b>                                                                                                          |
| Purchased Date                                                                                                                                                                                                                                                          | Dealer's Name<br><b>GUSTMAN</b>                                                                       | Engine Size<br>(CID/CC/L)<br>No. Cylinders                                                                                                                                                                                                               | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                              |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                   | Dealer's City<br><b>SEYMOUR</b>                                                                       | State<br><b>WI.</b>                                                                                                                                                                                                                                      | Zip Code<br><b>54165-0068</b>                                                                                                                |                                                                                                                              |
| Manufacture Date<br>(on driver's door or pillar)                                                                                                                                                                                                                        | Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Restraint System<br><input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbel<br><input checked="" type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> 3-Point Belt | Cruise Control<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                        | Drivetrain<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel |
| Vehicle Type<br><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other |                                                                                                       | Body Style<br><input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other                                            |                                                                                                                                              |                                                                                                                              |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

|                                                               |                                                                                                                                                                           |                                                                                                        |                                                                                                   |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Part Name(s)<br><b>HEADLIGHTS<br/>FLAWED - DESIGN IS POOR</b> | Location<br><input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement | Handicap Adaptive Equip<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

**TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

|                 |                                                                                |                                                                                                                                                                                  |
|-----------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tire Brand      | Tire Name                                                                      | Complete Tire Size                                                                                                                                                               |
| No. of Failures | Date(s) of Failure(s)<br>Mileage at Failure(s)<br>Vehicle Speed at Failure(s): | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

|                                                                              |                                                                             |                                         |                                    |                                                                                                 |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------|
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br><b>N/A</b> | Number of Fatalities<br><b>N/A</b> | Reported to Manufacturer<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------|

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

**LETTER ENCLOSED**

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882

US Department of Transportation  
National Highway Traffic Safety Administration  
400 7th Street, SW  
Washington, DC 20590

February 19, 2001

I purchased a Buick Century car, NEW, in July 2000, through Cusumans in  
Seymore, Wisconsin.

My complaint is the headlight lighting system is flawed making it dangerous to  
drive at night. The problem is the low beam light does not work properly. Instead  
of lighting the road ahead fully, the light spreads only to the side end of the front  
fender on both sides of the car. This flaw makes a long shadow, making it  
impossible to see anything on the front side of the vehicle and impossible to safely  
turn any corner. The shadow also creates an illusion of some thing in the way and  
makes it impossible to judge where the car is on the road. When backing up and  
turning, at the same time, you can not see where you're going unless you turn on  
the signal so the side light shines on this shadowed area.

The unusual situation is, when the directional is turned on, a bright light turns on  
and this shadowed area disappears. It does not blink as the directional, it just  
comes on and removes any visual blockage. It's as if this light should be wired to  
the headlights, to be on anytime the headlights are on and mistakenly was wired to  
come on only when the directional is on. Which when the directional is on, it isn't  
needed. It's needed to be on the same time the headlights are on to drive safely.

I paid over \$20,000 for this new car so I could be sure I have a safe and  
dependable car, unfortunately I have had nothing but a difficult time with this  
unsafe lighting problem. I feel very insecure driving this car at night and very  
frustrated that this problem is not being resolved. I have had the lights adjusted  
twice to see if that would help, it caused a new problem of the lights not  
illuminating the road ahead enough to be safe.

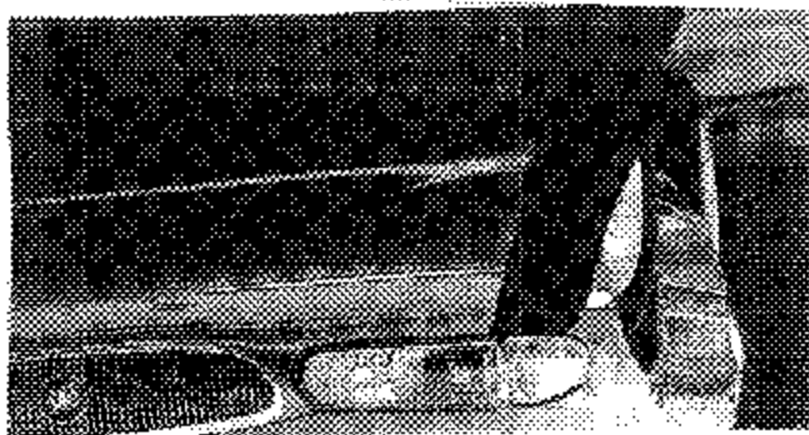
I called General Motors and they said they had other complaints of this same  
problem. This unsafe condition is only fully understood when driving it at night. I  
am willing to have anyone you would like to check out this problem, especially at  
night, to get this resolved quickly.

Sincerely,



I have marked on the photo of the car light  
 where the blind spot or shadow is. The only  
 time this light goes <sup>on</sup> is when you use the  
 signal light. That is when the blind spot  
 or shadow disappears is when you use the  
 signal light. That is where the light should be  
 on all the time with the other lights.  
 This is a very poor design and should be  
 corrected. This happens on both sides of  
 the car on low beam. The garage has adjusted  
 best they can which did not help much. It  
 just fouled up the bright lights.

CENTURY 2000



I have marked on the photo of the car light  
where the blind spot or shadow is. The only  
time this light comes in when you use the  
signal light, that is when the blind spot  
or shadow disappears is when you use the  
signal light. That is where the light should be  
on all the time with the other lights.  
Note is a very poor design and should be  
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