Form Approved: OMB No. 2127-0042

U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 258	
Date Received: 31-JUL-2001	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ op_ltr ____ ____
	Reference No.: 749500

[redacted]

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

Signature of Owner _____ **Date**____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1G4HP54K3Y4100360	BUICK	LESABRE	2000	

Purchase Dat			
01-MAY-1999 ☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L ____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
09313000 08400000	LIGHTING:FUSE:COURTESY LIGHTS ELECTRICAL SYSTEM:FUSE AND FUSE RECEPTICLE	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s) / Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
	17-JUN-1999 3291	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I WAS HAVING PROBLEMS WITH THE INTERIOR LIGHTS GOING DIM AND THEN BRIGTHEN BACK UP. THE CONTROLS WOULD ALSO GET HOT. I CALL MR. CARL CHIPMAN AT THE GO AUTOMOTIVE AND INFORMED HIM THAT I FELT THAT THERE WAS A SHORTAGE OF SOME KIND. THEY HAD A SUNROOF PUT IN AND I WASN'T SURE IT THE PROBLEM HAD BEEN CAUSE BY THIS TOP. MR. CHIPMAN DID RIDE THE CAR DOWN THE ROAD AND IT DID NOT DO IT WITH HIM. HE STATED THAT THE CONTROLS BEING HOT WAS JUST BECAUSE IT WAS THAT TIME OF YEAR AND THE WEATHER. I TOLD HIM THAT THEY WOULD BE HOT TO THE TOUCH. I WAS ALSO HAVE PROBLEMS WITH THE SEAT BELT NOT HOOKING AND THEY ORDERED A PIECE AND I TOOK THE CAR IN ON 6/23/99. MR. CHIPMAN TOLD ME TO JUST KEEP AN EYE ON THINGS. THINGS DID NOT GET WORSE UNTIL THE WHOLE CONTROL PANEL STOPPED WORKING ON 7/1/01. MY CAR

CONTINUE ON A SEPARATE SHEET