



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 798

Date Received

27-MAR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8006502

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.) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
PLEASE FILL IN	BUICK	LESABRE	2001			
Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____				
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09500000	Part Name(s) COMMUNICATIONS:HORN ASSEMBLY	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ 20-FEB-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) _____ 28		
	Vehicle Speed at Failure(s) _____		

APPLICATION INCIDENT INFORMATION

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

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES HORN VERY DIFFCULT TO USE THE CONSUMER HAS TO USE EXCESSIVE EFFORT TO MAKE IT WORK. DEALER HAS BEEN CONTACTED. NLM

CONFIDENTIAL - NHTSA

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 to 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.

FOR AGENCY USE ONLY 798

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)



U.S. Department of Transportation

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4238

www.nhtsa.dot.gov/hotline

National Highway Traffic Safety Administration

OWNER INFORMATION (Type or Print)

745623

Work Number

Home Number

8006502

Reference No.

OFFICE OF INVESTIGATION

DATE RECEIVED 27 MAR 2002

DATE RECEIVED

BY

OD OR

UP

798

Signature of Owner

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.

Date of report 10/19/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield or driver side)
1G4PH5K7Y034143C

Vehicle Make BUICK

Vehicle Model LESABRE

Vehicle Year 2000

Current Odometer Reading 29377

Purchase Date 2/12/01

Used New

Antilock Brakes

Restraint System

3-Point Belt

Driver's Side Airbag

Passenger's Side Airbag

Manual Automatic

Transmission Type

Body Style

Vehicle Type

Engine Size

Engine CID/CYL

Fuel Injection

2-Door 4-Door Station Wagon Pick Up Truck

2-Door 4-Door Station Wagon Pick Up Truck

Car Van Truck Sport Utility

Front Rear 4-Wheel

Front Rear

Front Left Rear Right

Failed Parts

Original Replacement

Part Name(s)

COMMUNICATIONS HORN ASSEMBLY

Location

Failed Part(s)

Part(s)

Previously Failed

Previously Failed

Previously Failed

Previously Failed

Previously Failed

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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 Fatalities

Estimated Property Damage

Reported to Police

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

CONSUMER STATES HORN VERY DIFFICULT TO USE THE CONSUMER HAS TO USE EXCESSIVE EFFORT TO MAKE IT WORK. DEALER HAS BEEN CONTACTED. NLM

IT SEEMS THERE IS ONLY 1 SPOT TO HOOK THE HORN, WHICH MAKES IT DANGEROUS

WITH YOU WANT TO USE THE HORN IN A HURRY, I DON'T THINK A WOMAN WOULD BE ABLE

TO BRING THE NECESSARY FORCE, AS I HAVE SPEAKEN WITH OTHERS WHO FIND IT DIFFICULT

TO HOOK THE HORN. ON SPEAKING TO MY DEALER I ASKED IF ALL THE BUCK HORN

WERE IDENTICAL AND HE SAID "YES". BECAUSE OF THE AIR BANG AND THE CHANGE

TO A SINGLE CONTACT, I HAVE HAD NO ACCIDENTS DUE TO THIS BUT HAVE

CONTINUE ON BACK IF NEEDED

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

SOME CLOSE CALLS AS I COULD NOT WARN THE OTHER DRIVER OF POSSIBLE CONTACT.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



U.S. Department of Transportation National Highway Traffic Safety Administration DOT Auto Safety Hotline, NSA-10.1 400 7th Street, SW Washington, DC 20590

2033015001



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

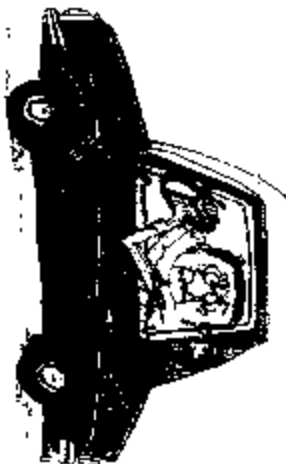
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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