



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

Date Received

Repository

23-DEC-2002

Reference No.  
10001364

OFFICE OF INVESTIGATION

**OWNER INFORMATION (Type or Print)**

Name

Address

City BLOOMFIELD

State CO

Zip Code

Daytime Telephone Number

E-mail Address

Evening 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 02-03-2003

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

1GBZF52B45Z215492

Make SATURN

Model SL1

Model Year 1995

Date Purchased

Dealer's Name and Telephone Number

SATURN OF ROANOKE VALLEY 540 389 1214

Engine:

No. Cylinders 4

Fuel Type: GAS

Original Owner

Dealer's City SALEM

State VA

Zip Code 24153

Transmission Type

Antilock Brakes

Powertrain

MANUAL

Cruise Control

Vehicle Component Code

126200 EXTERIOR LIGHTING: TURN SIGNAL SWITCH

Multiple Failure:

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

Incident Date(s)

09-DEC-2002

Failure Mileage

~~100000~~  
103,500

Failure Speed

10 MPH

TURN SIGNAL SWITCH BROKE IN NORMAL OPERATION  
STEERING WHEEL HAD TO BE REMOVED TO CORRECT REPAIR  
SWITCH, BUT WAS SEIZED ONTO COLUMN COLUMN WHEEL HAD TO  
BE REPAIRED ALSO.

**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: DOTM19ABC036)

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).

CONSUMER STATES THAT TURN SIGNAL BROKE WHILE DRIVING, CAUSING SIGNALS TO BECOME INOPERATIVE. TS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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.

**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**