



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 100147

Date Received **01 FEB 2003 8:58**

Repository ☐

Reference No.
10003886

OWNER INFORMATION (Type or Print)

Name **[REDACTED]**
Address **[REDACTED]**
City **JACKSONVILLE** State **FL** Zip Code **[REDACTED]**

DEFECTS INVESTIGATION
Daytime Telephone Number **[REDACTED]** E-mail Address **[REDACTED]**
Evening Telephone Number **[REDACTED]**

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.
Signature of Owner **[REDACTED]** Date **01/26/03**

VEHICLE INFORMATION

Vehicle Identification Number **1GB2R127812104823** Make **SATURN** Model **SC2** Model Year **2001**
Date Purchased **5-2000** Dealer's Name and Telephone Number **Saturn Chagrin Falls, Ohio** Engine: No. Cylinders **[REDACTED]** Fuel Type: **[REDACTED]**
Original Owner ☒ Dealer's City **[REDACTED]** State **[REDACTED]** Zip Code **44122**
Transmission Type **Auto** ☐ Antilock Brakes ☒ Cruise Control Powertrain **[REDACTED]** Vehicle Component Code **116000 ELECTRICAL SYSTEM:IGNITION**
Multiple Failure: **[REDACTED]**

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) **15-DEC-2002** Failure Mileage **[REDACTED]** Failure Speed **[REDACTED]**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make **[REDACTED]** Tire Model (Name or Number) **[REDACTED]** Tire Size (Example P215/65R15) **[REDACTED]**
DOT No. (Example: DOTM1A8C036) ☐ Original Equipment ☐ Prior Repair Failure Location: **[REDACTED]**
Tire Component Code **[REDACTED]** Tire Failure Type **[REDACTED]**

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: **[REDACTED]** Date Manufactured: **[REDACTED]** Model No./Name: **[REDACTED]**
Seat Type: **[REDACTED]** Installation System: **[REDACTED]**
Child Seat Component Code: **[REDACTED]** Failed Part: **[REDACTED]**

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured **[REDACTED]** Number of Deaths **[REDACTED]** Reported to Police **N**

Narrative Description of Incident(s), Crash(es), and Injury(es).
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 WHILE VEHICLE IS RUNNING YOU CAN TAKE THE KEY OUT OF THE IGNITION AND THE VEHICLE WOULD STILL RUN. DEALER NOTIFIED. 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).**