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: 02 FEB 24 AM 8:58 OFFICE DEFECTS INVESTIGATION

Repository ☐

Reference No. 10003866

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City: JACKSONVILLE	State: FL	Zip Code: [redacted]	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 au[redacted]rovide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 01/26/03

VEHICLE INFORMATION

Vehicle Identification Number	Make	Model	Model Year
1G8ZR127812104823	SATURN	SC2	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
5-2000	Saturn Chagrin Falls, Ohio				
Original Owner ☒	Dealer's City	State	Zip Code 44122		

Transmission Type			Vehicle Component Code
Auto	☐ Antilock Brakes ☒ Cruise Control	Powertrain	116000 ELECTRICAL SYSTEM:IGNITION Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-DEC-2002			

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 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 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).