


 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

 Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

 RECEIVED  
12/16 PM 8:10  
OFFICE  
DEFECTS INVESTIGATION

Reference No.

10004022

## OWNER INFORMATION (Type or Print)

Name		
Street No.	Apt. No.	
City CINCINNATI	State OHIO	Zip Code
Driving Telephone Number - home		

 Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of a manufacturer, NHTSA will also provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 12/27/02

## PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) 1G8ZF5280S2310082		Make SATURN	Model SEDAN	Year 1995
Purchased Date APRIL 1995	Dealer's Name SATURN OF TRICOUNTY/JAKE SWEENEY		Engine Size (CID/CC/L) 2L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City CINCINNATI	State OH	Zip Code 45246	No. Cylinders 4
Manufacture Date (on driver's door or pillar) 03/95	Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Stationwagon <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____				

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

FAILURE DATE 11/25/02	Part Name(s) AIRBAG, RACK AND PINION STEERING	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s):	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

## APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Reported to Manufacturer - DEALER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies). While backing out of a parking space, steering made a clicking sound. Over the next 2.5 miles, had less and less control of steering, which continued to "vibrate". Within 2.5 miles had no control of steering whatsoever. Came to a stop on our lawn, narrowly missing a tree. Car was towed to dealer. Was told by service technician at Saturn dealer that because "I turned the wheel so much" that the airbag had to be replaced. When I asked why the steering failed, was told

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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

"We can't save any parts." Asked if my husband could see the failed parts, and was told yes. Driving to pick up repaired car, my husband asked to see the broken parts, and was told they were in the car. They were not all in the car, so he called the manager to see the rest of the parts. Was told by manager he could not take the parts off the premises, but he took them anyway. My husband was told by the service technician that "steering systems fail." We received no other explanation.

\* MY 11/25/02 phone report to DOT's NHTSA mistakenly recorded my name ("DANA TRAPT") AND ADDRESS ("HARBURG" DR.). 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  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590



Complete and return or place in your car manual for future use

**VEHICLE OWNER'S QUESTIONNAIRE (VOQ)**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH 2 DOT**

and dial toll free at

**1-888-DASH-2-DOT**

1-888-327-4236

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(DASH) 2 DOT



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