DOT Auto Safety Hotline

U.S. Department of Transportation

National Highway Traffic Safety Administration

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 1300

RECEIVED
'03 FEB 21 A8:01
OFFICE OF DEFECTS INVESTIGATION

Date Received: 22-JAN-2003
Repository ☐
Reference No. 10004452

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City DOVER | State PA | Zip Code [redacted]
Daytime Telephone Number [redacted]
Evening Telephone Number
E-mail Address

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 ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification number (VIN)	Make	Model	Model Year
PLEASE PROVIDE 1G8ZY14762Z508931	SATURN	SATURN 3 door	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Approx Feb 2002	Saturn of York				
Original Owner ☒	Dealer's City York	State PA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
	☐ Antilock Brakes ☑ Cruise Control		103000 POWER TRAIN:AUTOMATIC TRANSMISSION
			Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
18-JAN-2003			

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 STATED THAT THEY COULD CHANGE GEARS WITHOUT THERE FOOT ON THE BRAKE. DEALER NOTIFIED. TS

This is on all models Checked - all Saturn employees I spoke to were unaware of this but told me its normal.

Put into

when the key is in ACC Position (to leave radio on)

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY