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

2003 MAR 28 AM 11:33

FOR AGENCY USE ONLY 100083	
Date Received: 31-JAN-2003	Repository ☐
	Reference No.: 10006140

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City: FREDERICKSBURG	State: VA	Zip Code	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☑ YES ☐ NO N/A
In the absence of an ... your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 2/24/03

VEHICLE INFORMATION

[redacted]	Make: Saturn	Model: SL-1	Model Year: 1998
Date Purchased: 9/97	Dealer's Name and Telephone Number: Saturn of Fredericksburg	Engine: No: Cylinders: 4	Fuel Type: gas
Original Owner ☑	Dealer's City: Fredericksburg / State: VA / Zip Code: 22405		
Transmission Type: Manual	☐ Antilock Brakes ☑ Cruise Control	Powertrain	Vehicle Component Code / Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
1/31/03	127000	50	

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: COSCO	Date Manufactured: 22-OCT-2001	Model No./Name: CHILD SAFETY SEAT
Seat Type:	Installation System: Vehicle Safety Belt	
Child Seat Component Code: 570000	Failed Part: CHILD SEAT:SHIELD ASSEMBLY	

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	1		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 HAD PROBLEMS WITH THE SHELL OF CAR SEAT. ASLO, EDGE WAS SO SHARP THAT CHILD IN SEAT CUT TWO OF HER FINGERS.*AK

Basically, the molding process used for the plastic shell resulted in a knife-edge on both sides where the lap belt passes through the seat (for rear-facing installation). If you'd like, I could email some photos.

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

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

On 31-Jan my daughter reached down to the lap belt slot on our child safety seat and cut both of her index, middle fingers on the right hand. Both cuts were reasonably severe (0.5 cm each) but did not require stitches. At the time of the accident, she was properly belted in the seat, which was installed in the forward-facing direction.

ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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 75175 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, NVS-216
400 7th Street, SW
Washington, DC 20590

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DOT AUTO SAFETY HOTLINE

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DASH2DOT

and dial toll free at

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1-888-327-4236

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