



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

Repository ☐

2003 JUN -3 10 22
16-JUN-2003

Reference No.

10024067

OWNER INFORMATION (Type or Print)

Name

Address

City

WOODLAND HILLS

State CA

Zip Code

Daytime Telephone Number

E-mail Address

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

Make
SATURN

Model
SW1

Model Year
1995

Date Purchased
5-21-95

Dealer's Name and Telephone Number
SATURN OF THE VALLEY

Engine:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City
VAN NUYS

State CA

Zip Code

4

GAS

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

151400 SEAT BELTS: FRONT: BUCKLE ASSEMBLY

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
12-MAY-2003

Failure Mileage
95,000

Failure Speed
N/A

SEAT BELT LATCH DOES NOT CONSISTENTLY
LATCH TO THE BELT METAL CONTACT.

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: DOTM15ABC036)

☐ 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(es).)

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(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).

DRIVERS SIDE SEAT BELT LOCKS UP. DEALER NOTIFIED. *AK

SEAT BELT LATCH IN QUESTION IS THE PORTION OF
THE BELT SYSTEM IS ANCHORED TO THE CHASSIS,
THE RELEASE BUTTON STAYS IN RELEASE POSITION

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.