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 100148

Date Received	Repository ☐
2003 SEP 15 PM 2:21 15-JUL-2003	Reference No. 10028354

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]

Address			
[redacted]			
City ODESSA	**State** TX	**Zip Code** [redacted]	[redacted]

Do you authorize NHTSA to release your name and address to the manufacturer of your vehicle? ☑ YES ☐ NO
In the absence of an answer, NHTSA will provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 9/4/03

VEHICLE INFORMATION

[redacted]	Make: SATURN	Model: LS1	Model Year: 2000

Date Purchased: 20-AUG-01	Dealer's Name and Telephone Number: SATURN OF THE PERMIAN BASIN 915-520-5866			Engine: No. Cylinders: 4	Fuel Type: Gas
Original Owner ☒	Dealer's City: MIDLAND	State: TX	Zip Code: 79707		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	034530 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-JUL-2003	43500		

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: DOTMALSABC036)	☐ 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	0	0	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).

THE BRAKE ROTORS ON MY 2000 SATURN LS FRONT END WORE DOWN BELOW THE MINIMUM RECOMMENDED THICKNESS. BEFORE MY BRAKE PADS WORE DOWN TO THE POINT THAT THE WEAR INDICATORS WARNED THAT THE PADS WERE WEARING OUT. FILED A COMPLAINT WITH SATURN CORP, AND THE RESPONSES RECEIVED FROM THEM DID NOT SEEM TO ACKNOWLEDGE THE DANGERS OF THE DEFECTIVE ROTORS. IF ANYONE WOULD LIKE TO SEE MY EMAILS AND SATURN'S RESPONSES, I WIL FORWARD THEM IF YOU PROVIDE ME THEIR EMAIL ADDRESS. THEY ARE TOO LENGTHY TO ATTACH HERE. *AK

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