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

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FOR AGENCY USE ONLY 231	
Date Received 19-NOV-2003	Repository ☐
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OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address [redacted]
Address [redacted]		Evening Telephone Number	
City NEW MARKET	State MD	Zip Code [redacted]	

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 (located at bottom of windshield on driver's side)	Make	Model	Model Year
1G8ZH1270VZ [redacted]	SATURN	SC2	1997

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
11/	Saturn of Bowie 301-352-3000			4	Gas
Original Owner ☐	Dealer's City Bowie	State MD	Zip Code 20716		

Transmission Type		Powertrain	Vehicle Component Code
Auto	☐ Antilock Brakes ☑ Cruise Control	FWD	116000 ELECTRICAL SYSTEM:IGNITION Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-NOV-2003		40	

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: DOTMA1SABC036)	☐ 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	1	0	Y

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).

~~WHILE DRIVING 40 MPH VEHICLE STALLED, CONSUMER LOST CONTROL OF VEHICLE, AND IT FLIPPED OVER. RIGHT REAR WHEEL CAME OFF, DETACHING FROM BRAKE ROTOR WHICH BROKE. DRIVER SUSTAINED INJURIES. "KR"~~

~~BEGAN SWERVING UNCONTROLLABLY.~~

WHILE DRIVING 40MH VEHICLE BEGAN SWERVING UNCONTROLLABLY, CONSUMER LOST CONTROL INTO THE MEDIAN AND THE CAR FLIPPED OVER, DRIVER SUSTAINED SERIOUS HEAD INJURY REQUERING 6 DAYS IN HOSPITAL.

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