Form Approved: O.M.B. No. 2127-0004

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 1368

Date Received	Repository
2004 FEB 19 AM 10:00 05-DEC-2003	Reference No. 10050158

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]		
City	NEW ORLEANS	State LA	Zip Code [redacted]

Daytime Telephone Number [redacted] E-mail Address [redacted]
Evening Telephone Number 504-288-9452

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of a [redacted] name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 1/11/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G8ZK527SVZ [redacted]	SATURN	SL2	1997

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
	SATURN of NEW ORLEANS			4	GAS
Original Owner ☒	Dealer's City METAIRIE	State LA	Zip Code 70001		

Transmission Type		Powertrain	Vehicle Component Code
AUTO 4SPEED	☒ Antilock Brakes ☒ Cruise Control	4 CYLINDER	103000 POWER TRAIN:AUTOMATIC TRANSMISSION Multiple Failure: 17

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
06-NOV-2003	44409	65	TRANSMISSION

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: GOODYEAR	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
		N/A
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☒ Prior Repair	Failure Location: N/A
Tire Component Code: N/A		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	2	NONE	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).

WHILE DRIVING 65 MPH IN FIRST GEAR TRANSMISSION SHIFTED TO FOURTH GEAR WITHOUT WARNING, AND CONSUMER TEMPORARILY LOST CONTROL OF THE VEHICLE. CONSUMER SHIFTED VEHICLE TO NEUTRAL, THEN BACK TO FIRST GEAR TO REGAIN CONTROL OF THE VEHICLE. DEALERSHIP MECHANIC TRIED TO REPAIR THE VEHICLE, BUT WAS UNABLE TO RESOLVE THE PROBLEM. *AK

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)

THE INJURIES WERE MUSCLE PULLS BUMP AND BRUISES. WE NEED TO DOCTOR BUT NO BONES WERE BROKEN

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NEW ORLEANS LA
PM
28 JAN

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 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

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT

U.S. Department of Transportation
National Highway Traffic Safety Administration
http://www.nhtsa.dot.gov/hotline