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: 2004 MAR 17 / 31-DEC-2003

Repository ☐

Reference No. 10052170

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City NEW PORT RICHEY | State FL | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO

In the absence of an auth[redacted]*e or address to the vehicle manufacturer.*

Signature of Owner [redacted] Date 2.23.04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G8AL52F63[redacted] (totalled)	SATURN	ION	2003

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
July, 03	SATURN Clearwater - Lokey	4?	

Original Owner	Dealer's City	State	Zip Code
☒	CLEARWATER	FLA	

Transmission Type | ☐ Antilock Brakes | ☐ Cruise Control | Powertrain

Vehicle Component Code: 141000 AIR BAGS:FRONTAL + Side

Multiple Failure: 1 - 4 - NO AIRBAGS went off

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
22-DEC-2003		100

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: | 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		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 THE VEHICLE AT 100 MPH, THE DRIVER LOST CONTROL OF THE VEHICLE AND HIT A CONCRETE WALL HEAD ON. THE OWNER STATED THAT BOTH FRONTAL AIR BAGS DID NOT DEPLOY UPON IMPACT. THE DRIVER SUSTAINED INJURIES AS A RESULT. THE OWNER HAS MADE CONTACT WITH THE DEALERSHIP. PLEASE PROVIDE ANY FURTHER DETAILS. *DB

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)

This vehicle Also Had Side AirBAGS - "NONE" went Off
But Vehicle Smelled Like they did - bullet powder odor!
Vehicle was TOTALed - Defective AirBAGS -
Tow TRUCK DRIVER SAID 2nd one LIKE THAT
Same day - Severe INJuries due to this MALfunction

[redacted]

ATTACH ADDITIONAL SHEETS IF NECESSARY

TAMPA FL 2004

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

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 NAT'L. 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

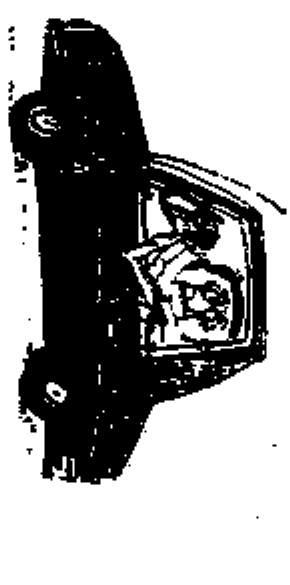
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT
1-888-327-4235

DOT Auto Safety Hotline
(DASH) 2 DOT



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