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 1387	
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OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
City COLORADO SPRINGS	State CO	Zip Code [redacted]	Evening Telephone Number SAME

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 [redacted] Date 1/12/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G8AJ52F83[redacted]	SATURN	ION	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
8-21-03	SATURN-OF COLO SPRINGS 719-575-7300			4	GAS
Original Owner ☒	Dealer's City COLO SPRINGS	State CO	Zip Code 80906		

Transmission Type			Vehicle Component Code
5-SPEED AUTOMATIC	☐ AntiBlock Brakes ☑ Cruise Control	Powertrain	083140 ENGINE AND ENGINE COOLING:EXHAUST SYSTEM:EMISSION
			Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
OCT. TO PRESENT	APPX 3000 →ON GOING	VARIES	

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 to detail the incident(s). Fatality(s), Crash(es), and injury(ies).)

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(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).

THERE'S A STRONG SULFUR ODOR ON THE INSIDE AND OUTSIDE OF THE VEHICLE. CONSUMER FEELS THE SMELL MAYBE CAUSED BY A FAILURE IN THE CATALYTIC CONVERTER. THE SMELL MAKES THE OCCUPANTS SICK. *AK

A CAN MAKE OCCUPANTS ILL ESP. ANYONE WITH RESPIRATORY CONDITIONS

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