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 1388	
Date Received 04-FEB-2004	Repository ☐
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OWNER INFORMATION (Type or Print)

Name [redacted]			E-mail Address
Address [redacted]		Daytime Telephone Number [redacted]	
City EVERETT	State WA	Zip Code [redacted]	Evening Telephone Number [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
1G8JU52F5YY639389	SATURN	LS1	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
Original Owner ☐	Dealer's City Lynnwood	State WA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
	☒ Antilock Brakes ☐ Cruise Control		015100 STEERING:HYDRAULIC POWER ASSIST:PUMP
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
28-JAN-2004	60000	all	

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: DOTMALSABCD36)	☐ 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			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 POWER STEERING PUMP FAILED, MAKING IT HARD FOR THE CONSUMER TO TURN THE STEERING WHEEL. DEALERSHIPS MECHANIC WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK

The problem was resolved with total replacement of the power steering pump - receipts enclosed. I was barely able to steer the vehicle and it happened suddenly and without any warning, also the brake lights (all rear lights) repetitedly, but intermittently failed nearly causing a rear-end accident.

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

I had the lights fixed once, but problem continued. Finally, dealer had to replace all light fixtures. I was pulled over by police several times for this

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).