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 1360

Date Received	Repository
25-FEB-2004 (2004 APR 20 AM 8:49)	Reference No. 10059765

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City LOUISVILLE	State KY	Zip Code

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of [redacted] address to the vehicle manufacturer.
Signature of Owner [redacted] Date 3/23/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G8ZK527XWZ261739	SATURN	SL	1998

Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
3/11/98	Saturn of Louisville	499-3800	4	
Original Owner [X]	Dealer's City: Louisville, KY	State / Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
Auto.	[X] Antilock Brakes [X] Cruise Control		151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY
			Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
18-FEB-2004 & others	59200	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: DOTMA9ABC036)	[ ] 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 [X] No	[ ] Yes [X] 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/PARKING SEAT BELT LATCH UNLOCKED FROM THE BELT BUCKLE. CONSUMER WAS UNABLE TO WEAR SEAT BELT CORRECTLY.
*AK

After buckling seat belt on numerous occasions, belt would become unlatched, sometimes shortly after buckling, sometimes while driving down the road. There was no explanation as to why it would unlatch. Part has been replaced at my expense and old part was kept in case it is needed later. (Bill Enclosed) Saturn had no explanation of the problem.

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

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).