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: 109232

Date Received: 2005 SEP 04

Postage: ☐

Reference No.: 1009143B

OWNER INFORMATION (Type or Print)

Name: [redacted]

Address: [redacted]

City: BANDON | State: OR | Zip Code: [redacted]

Daytime Telephone Number: [redacted] | E-mail Address: [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. ☒ YES ☐ NO

Signature of Owner: [redacted] Date: 11/12/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G8JW52RXYY[redacted]	SATURN	LS	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type
FEB 2000	SATURN - CAPITOL ERP,			6	Gas
Original Owner: X	Dealer's City: SAN JOSE	State: CA	Zip Code: 95136		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	118000 ELECTRICAL SYSTEM:IGNITION Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
07-SEP-2004	61824	50

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			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).

THE IGNITION SWITCH FAILED TO TURN ON. THE VEHICLE WILL NOT START AND THE ACCESSORIES WERE DEFECTIVE. JP

NEW IGNITION UNIT INSTALLED - OFF WARRANTY.

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)

SUDDENLY, IGNITION SWITCHED WOULD NOT TURN ON WITH KEY. WHILE ON WARRANTY, ABOUT 2 YR. AGO, SAME THING HAPPENED - IF IT HAPPENED TWICE TO US, I'M SURE IT'S HAPPENING TO OTHERS.

[redacted]

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

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 79179 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

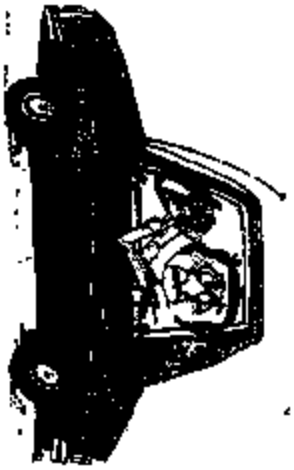
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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http://www.nhtsa.dot.gov/odi