



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  
(1-888-327-4238)  
INTERNET: [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 252

Date Received

02-FEB-2005

Repository ☐

Reference No.  
10109636

**OWNER INFORMATION (Type or Print)**

Name   
Address   
City **WATERBURY** State **ME** Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 **2/16/05**

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: **1G8AJ52F1** Make **SATURN** Model **ION** Model Year **2003**

Date Purchased **4-30-2003** Dealer's Name and Telephone Number **Saturn of Natick 508-651-1800** Engine: No. Cylinders **4** Fuel Type: **Gas**  
Original Owner ☒ Dealer's City **Natick** State **MA** Zip Code **01760**

Transmission Type **AUTOMATIC** ☒ Antilock Brakes ☒ Cruise Control Powertrain **FRONT WHEEL DRIVE** Vehicle Component Code **103000 POWER TRAIN: AUTOMATIC TRANSMISSION**  
Multiple Failure: **3**

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) **02-FEB-2005** Failure Mileage **30,000** Failure Speed **10 to 120**

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make  Tire Model (Name or Number)  Tire Size (Example P215/G5R15)  
DOT No. (Example: DOTM19ABC036) ☐ 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 ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured **0** Number of Deaths **0** Reported to Police **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, A LOW PLANNING NOISE WAS HEARD COMING FROM THE FRONT. DRIVER NOTICED THAT THE TRANSMISSION WOULD DOWN SHIFT ON ITS OWN. DRIVER TOOK VEHICLE TO THE DEALER FOR INSPECTION, AND MECHANIC DETERMINED THAT TRANSMISSION WAS ADJUSTED ON MORE THAN ONE OCCASION. HOWEVER, DRIVER INFORMED THE MECHANIC THAT THE PROBLEM STILL OCCURRED, AND HAD NOT BEEN RESOLVED. \*AK**

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974, Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

At around 30,000 miles my transmission started to have harsh downshifts and delayed upshifts. I went to the dealer 4 or 5 times. The problem is still there. I was told there was nothing they could do. The car slid on the ice a few times so far. It's an accident waiting to happen. I am afraid to drive it. I only drive it to work and when I have to. My car is not the only one with this issue.

ATTACH ADDITIONAL SHEET

NRY

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

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73178 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

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**VEHICLE  
OWNER'S**

**QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM

OR

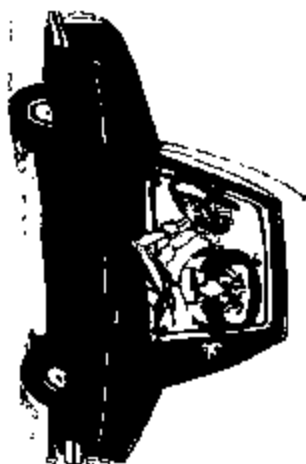
**DASH2DOT**

and dial toll free at

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**1-888-327-4236**

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(DASH) 2 DOT



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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).