



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 100148

Date Received  
2006 JAN 11  
14-NOV-2005

Repository   
Reference No. 10142601

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City TAMPA State FL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]  
Evening Telephone Number [REDACTED]

Do you authorize NHTSA to contact you or the owner of your vehicle?  YES  NO  
In the absence of an authorized person, do you authorize NHTSA to contact the manufacturer of your vehicle?  YES  NO  
Signature of Owner [REDACTED] Date 12/29/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G3AJ54F75Z [REDACTED]  
Make SATURN Model ION Model Year 2005

Date Purchased 01-MAR-05 Dealer's Name and Telephone Number SATURN OF CARROLLWOOD 813-885-6658  
Engine: No: Cylinders Fuel Type: Gas

Original Owner  Dealer's City TAMPA State FL Zip Code 33614

Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain  
Vehicle Component Code 061000 ENGINE AND ENGINE COOLING:ENGINE  
Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-OCT-2005 Failure Mileage 3200 Failure Speed

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: 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 Number of Deaths 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).

DT: THE CONTACT STATED VEHICLE STALLED WHILE DRIVING AT ANY SPEED. THERE WERE NO WARNING LIGHTS INDICATING A PROBLEM WITH THE VEHICLE. THE DEALER COULD NOT DUPLICATE THE PROBLEM. \*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)

While driving, the regular rate of speed for that area, the car stalled. The first time this happened, it took 3 tries to get it started. There was plenty of gas in the car. This happened on 3 different occasions.

June 28, 2005

July 29, 2005

Oct 29, 2005

I was without my car for a total of 1 1/2 weeks.

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

TAMPA FL 336

30 DEC 2005 PM 8 T

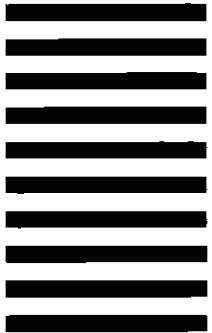


NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

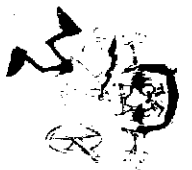
BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 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

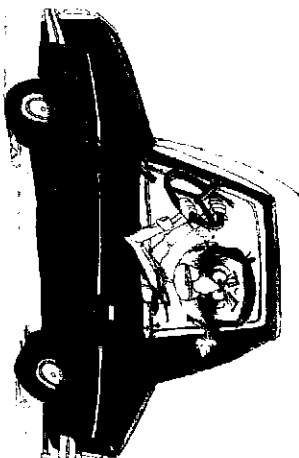
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