



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 25 11 04 57
22-DEC-2005
Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City MIAMI MIAM. State FL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [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 [REDACTED] Date 1.2.06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GBAJ52F5[REDACTED] Make SATURN Model ION 2 Model Year 2005

Date Purchased 6/24/01-JUL-05 05 Dealer's Name and Telephone Number VERA CADILLAC/HUMMER 954-438-3036 Engine: No. Cylinders 4 Fuel Type: Gas
Original Owner Dealer's City PEMBROKE PINES State FL Zip Code 33025

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain [REDACTED] Vehicle Component Code 060000 ENGINE AND ENGINE COOLING
Multiple Failures: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 18-JUL-2005 Failure Mileage 5 Failure Speed [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOT/MAL9ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 [REDACTED] Number of Deaths [REDACTED] 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 SEVERAL TIMES AT HIGHWAY SPEEDS. THERE HAS BEEN NO WARNING PRIOR TO EACH INCIDENT. THIS WAS THE FOURTH TIME SHE TOOK VEHICLE TO A DEALER. EACH TIME THE DEALERSHIP TOLD HER THE PROBLEMS WAS FIXED. SHE DID NOT KNOW WHAT REPAIRS THE DEALERSHIP HAD DONE PREVIOUSLY. SHE DID NOT HAVE ANY OTHER PROBLEM WITH THE VEHICLE. THE VEHICLE IS AT THE DEALERSHIP NOW AND HAS NOT BEEN REPAIRED. *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.

Customer Claim Form

Contact Date: 12/22/05

Start Date: 12/22/05

Case Number: [REDACTED]

Have you contacted the mfr regarding your claim? YES NO

Have you previously filed a claim on this vehicle with the BBB or another dispute resolution provider? YES NO

If yes, name of provider: _____ Date: _____ Case Number: _____

Titled Owner(s) Name & Address

[REDACTED]
MIAMI, FL [REDACTED]

Day Phone: [REDACTED]

Fax Number: [REDACTED]

Customer Contact Info:

Evening Phone: [REDACTED]

Cell Phone: [REDACTED]

E-mail Address: [REDACTED]

Vehicle Information

Name(s) of individual(s) or business that appear on vehicle title: Erlene Fucus

Vehicle Use: Personal Business Both Percentage of time vehicle used for business purposes:

Transmission Type: Automatic Number of vehicles owned or leased by the business: 0

Make: Saturn Model: Ion2 Model Year: 2005 Current Mileage: 10795

Vehicle Identification Number: 1G8AJ52F5 [REDACTED]

Servicing Dealer/City/State : VERA CAD, HUMMER OF PEMBROKE,

Selling Dealer/City/State : VERA CAD, HUMMER OF PEMBROKE, PEMBROKE PINES, FL

Insurance Carrier : [REDACTED] Policy Number: [REDACTED]

Has vehicle been in an accident/had body damage? Yes ___ No X Date of accident:

Description of Damage :

Purchase/Lease Information (Complete left side if vehicle was purchased or right side if vehicle was leased)

Purchase Date: 08/15/05 Mileage at purchase: 5 Lease Date: Mileage at lease:

Purchased As : New Used Demo Leased As : New Used Demo

Is the vehicle in your possession? yes Is the vehicle in your possession?

Lienholder's Name: NONE Leasing Company's Name:

Address: _____ Address: _____

City/St/Zip: _____ City/St/Zip: _____

Phone: () - _____ Phone: _____

Lienholder Acct # : _____ Leasing Company's Acct #:

Customer's Desired Outcome (Describe what you want done to resolve your concern)

Customer does not want to drive this vehicle & does not feel safe it & wants the manufacturer to take it back & replace it with another car.

Return vehicle to manufacturer & send customer to rental and take care back to my office on 1/5/06. Both dealer & manufacturer.

Signature of Titled Owner(s): *[Signature]* Date: *1/5/06*

I am submitting this dispute for resolution in the BBB AUTO LINE program, and I agree to arbitrate the dispute under BBB AUTO LINE Arbitration Rules.

Return the Form to: BBB AUTO LINE, 4200 Wilson Blvd., Suite 800, Arlington Va, 22203-1838

STATE OF FLORIDA
DIVISION OF MOTOR VEHICLES
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
MEL KIRKMAN BLDG. - TALLAHASSEE, FL 32309-0020
Application for Temporary License Plate

TEMPORARY LICENSE PLATE NUMBER [REDACTED]

THIS IS TO CERTIFY THAT [REDACTED]
[REDACTED] ST MIAMI, FL [REDACTED]

STREET AND NUMBER POST OFFICE CITY STATE ZIP

HAS MADE APPLICATION FOR AND BEEN ISSUED A TEMPORARY LICENSE PLATE ON

07 12 2005 NOT VALID AFTER 08 11 2005
MONTH DAY YEAR MONTH DAY YEAR

FOR THE FOLLOWING DESCRIBED MOTOR VEHICLE:

SATURN 4DR SEDAN Unknown 166AJ52F [REDACTED]
MAKE OF VEHICLE TYPE COLOR IDENTIFICATION NUMBER

VERA CADILLAC-BUMPER & SATURN OF PEMBROKE PINES [REDACTED]

NAME OF ISSUING AGENCY/DEALER DEALER LICENSE

BY [Signature]

ADDRESS OF ISSUING AGENCY / DEALER 300 S. University Drive
Pembroke Pines, FL 33025

TAX COLLECTOR USE ONLY

- MARK BOX, IF THIS TEMPORARY LICENSE PLATE WILL BE USED SOLELY FOR DEMONSTRATION PURPOSES
- MARK BOX, IF THIS TEMPORARY LICENSE PLATE WILL BE USED SOLELY FOR EMISSION INSPECTION PURPOSES
- MARK BOX, IF THIS TEMPORARY LICENSE PLATE WILL BE USED SOLELY FOR THE DELAY IN THE MANUFACTURE OF A PERSONALIZED LICENSE PLATE
- MARK BOX, IF THIS TEMPORARY LICENSE PLATE WILL BE USED FOR OTHER PURPOSES, PLEASE EXPLAIN

SIGNATURE OF APPLICANT [REDACTED]

INSTRUCTIONS

Original Copy must be delivered to applicant.
Duplicate Copy must be retained by issuing agency for at least one (1) year.
PENALTY: Any person unlawfully using such temporary license plate or violating any rule or regulation issued by the Division of Motor Vehicles pursuant to this Act shall be guilty of a misdemeanor, and upon conviction shall be fined not more than One Hundred (\$100.00) Dollars or imprisoned for not more than thirty days, or both, at the discretion of the Court. Fee for issuing temporary license plates not to exceed \$2.00.

IDENTIFICATION NUMBER
1GBAJBZF552182579

YR
2005

MAKE
STRM

MODEL
4D

WY
2734

VEHICLE REG. NO.

TITLE NUMBER
89811802

DATE OF ISSUE

07/08/2005

REGISTERED OWNER

[REDACTED]

MIAMI FL [REDACTED]

LIEN RELEASE

INTEREST IN THE ABOVE DESCRIBED VEHICLE IS
HEREBY RELEASED

BY

TITLE

DATE

MAIL TO:

[REDACTED]

MIAMI FL [REDACTED]



LIEN SATISFACTION

CERTIFICATE OF TITLE



YOU WILL RECEIVE

STATE OF FLORIDA

**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).**