



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
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12-JAN-2008

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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City BRENTWOOD State CA 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 _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G8ZK52765 [REDACTED] Make SATURN Model SL2 Model Year 1996
Date Purchased 20-FEB-96 Dealer's Name and Telephone Number STEVEN'S CREEK SATURN 408-249-1700 Engine: No. Cylinders 4 Fuel Type: Gas
Original Owner Dealer's City SAN JOSE State Zip Code
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 221200 SEATS:FRONT ASSEMBLY:RECLINER Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 12-JAN-2008 Failure Mileage 76000 Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P216/65R15)
DOT No. (Example: DOTM19A8C035) 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 this failure; i.e. parts repaired or replaced (and if old part is available).

DT*: THE CONTACT STATED THE LEFT FRONT DRIVER'S SEAT RECLINER GEAR TEETH WORE EXCESSIVELY, CAUSING THE SEAT TO PARTIALLY SLIP REARWARD WHILE DRIVING. THERE WAS NHTSA RECALL CAMPAIGN 02V307000 REGARDING THE SEATS. THE VEHICLE HAD THE SAME PROBLEMS AS INDICATED IN THE RECALL; HOWEVER, IT WAS NOT INCLUDED IN THE RECALL DUE TO THE VIN. ALTHOUGH THE DEALER WAS CONTACTED THE VEHICLE WAS NOT SEEN BY A DEALER. *AK

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