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

2006 MAY 22 AM 9:13

FOR AGENCY USE ONLY 100148	
Date Received 03-APR-2006	Repository ☐
	Reference No. 10154418

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City COLORADO SPRINGS	State CO	Zip Code	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 [illegible] provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 5/11/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G8AG52FX5Z	SATURN	ION	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
14-APR-05	SATURN OF COLORADO SPRINGS			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City COLORADO SPRINGS	State CO	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☐ Cruise Control	FRONT WHEEL DRIVE	030000 SERVICE BRAKES, HYDRAULIC
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
03-APR-2006	30000	60	

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: DOTMALSABC036)	☐ 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).

DT*: THE CONTACT STATED WHILE TRAVELING 60 MPH, DOWN AN ICY HILL THE BRAKE PEDAL WENT TO THE FLOOR AND THE BRAKES DID NOT RESPOND. THE VEHICLE COASTED TO A STOP AND WAS TOWED TO THE DEALERSHIP. A DIAGNOSTIC TEST WAS PERFORMED, WHICH DETERMINED THERE WAS NO FAILURE ASSOCIATED WITH THE VEHICLE. WHILE DRIVING OFF THE LOT, THE BRAKE PEDAL WENT TO THE FLOOR AGAIN. THE MANUFACTURER HAS BEEN ALERTED.

Please contact Saturn of Denver @ 1-303-933-0123
We never recieved a repair invoice.

Includes, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY