



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

Repository ☐

2007 APR 23 AM 7:41
22-MAR-2007

Reference No.
10185905

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City NORTH MAPLE GROVE

State MN

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 ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make
SATURN

Model
L200

Model Year
2002

Date Purchased
15-MAR-06

Dealer's Name and Telephone Number

Engine:
No: Cylinders 4

Fuel Type:
Gas

Original Owner
☒

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
061000 ENGINE AND ENGINE COOLING:ENGINE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
09-MAR-2007

Failure Mileage
64000

Failure Speed
20

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

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

☐ Yes ☒ No

☐ Yes ☒ No

0

0

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).

TL*THE CONTACT OWNS A 2002 SATURN L200. WHILE DRIVING 20 MPH THE CONTACT FELT A LOSS OF POWER AND THE VEHICLE SHUT OFF. THE VEHICLE BECAME IMMOBILE, AND THE CONTACT WAS UNABLE TO DRIVE IT. THE MECHANIC INFORMED THE CONTACT THAT THE TIMING CHAIN BROKE. THE TIMING CHAIN ASSEMBLY WAS REPLACED. HOWEVER, THE VEHICLE STILL WOULD NOT OPERATE PROPERLY. THE MECHANIC ALSO STATED THAT THE INTAKE VALVES NEEDED TO BE REPLACED. THE VEHICLE WAS TOWED TO A SATURN DEALER, AND THE INTAKE VALVES WERE REPLACED. THERE HAVE NOT BEEN ANY OCCURRENCES SINCE THE REPLACEMENT OF THE INTAKE VALVES. THE CONTACT FELT THAT SATURN SHOULD HAVE REPLACED COMPONENTS LISTED ON SERVICE BULLETIN # 03-06-01-017. ALSO, THE CONTACT FILED CASE NUMBER SR1-23172743 WITH SATURN. THE CURRENT AND FAILURE MILEAGE WERE 64000. *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)

We believe that GM should be required to retrofit all vehicles involved w/ original Timing chain assemblies that are faulty. They ~~must~~ should make these repairs at their expense immediately. Fortunately our stall happened on a side street where there was minimal traffic.

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590
OFFICIAL BUSINESS

MINNEAPOLIS MN 554

04 APR 2007 PM 3 T

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214



Think your vehicle
has a safety defect?



If so:

Use the enclosed
form to file a report.

or visit:

www.safecar.gov

or call:

Vehicle Safety Hotline

888-327-4236

www.nhtsa.gov
NHTSA

Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration