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**

2007 SEP 27 PM 3:07

| FOR AGENCY USE ONLY 100148 | |
|---|---|
| Date Received 10-AUG-2007 | Repository ☐ |
| | Reference No. 10199064 |

## OWNER INFORMATION (Type or Print)

| Name | [redacted] | Daytime Telephone Number [redacted] | E-mail Address |
|---|---|---|---|
| Address | [redacted] | Evening Telephone Number | |
| City ADDISON | State TX | Zip Code [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 | Model | Model Year |
|---|---|---|---|
| 1G8JU54F52Y [redacted] | SATURN | L200 | 2002 |

| Date Purchased | Dealer's Name and Telephone Number | | | Engine: | Fuel Type: |
|---|---|---|---|---|---|
| 15-SEP-05 | | | | No: Cylinders 4 | Gas |
| Original Owner ☐ | Dealer's City | State | Zip Code | | |

| Transmission Type | | Powertrain | Vehicle Component Code |
|---|---|---|---|
| AUTOMATIC | ☒ Antilock Brakes<br>☒ Cruise Control | FRONT WHEEL DRIVE | 072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, ,<br>Multiple Failure: 1 |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Incident Date(s) | Failure Mileage | Failure Speed | |
|---|---|---|---|
| 08-JUN-2007 | 69000 | | |

## 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: DOTMAL9ABC036) | ☐ 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. THE CONTACT STATED THAT HE SMELLED GAS FUMES WHILE DRIVING HIS VEHICLE. HE PULLED OFF THE ROAD, LOOKED UNDER THE REAR OF THE VEHICLE, AND NOTICED FUEL LEAKING FROM THE FUEL TANK. THE DEALER REMOVED THE FUEL TANK AND NOTICED A CRACKED FITTING ON THE TANK. THE COMPONENT HAD TO BE REPLACED AT A COST OF $576.22. THE VEHICLE HAS BEEN REPAIRED. THE SPEED WAS UNKNOWN. THE CURRENT MILEAGE WAS 71,000 AND FAILURE MILEAGE WAS 69,000.

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

## Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

SATURN HAS STEADFASTLY REFUSED ANY FINANCIAL ASSISTANCE & IS NOT SHOWING ANY CONCERN THAT THOUSANDS OF CARS ARE ON THE ROAD THAT COULD EXPLODE AT ANY TIME. I THINK ALL THESE CARS SHOULD BE RECALLED IMMEDIATELY AND FIXED AT SATURN'S EXPENSE. FUEL LINE CONNECTIONS SHOUD NOT BE CRACKING & DUMPING GASOLINE ON THE GROUND — AND IF THEY DO LEAK, SATURN SHOULD BE RESPONSIBLE. I'VE CONTACTED SATURN'S CUSTOMER RELATIONS AND WROTE A LETTER OF COMPLAINT TO SATURN'S GENERAL MANAGER, ALL TO NO AVAIL. HELP!

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
Pen[illegible] Private Use $300

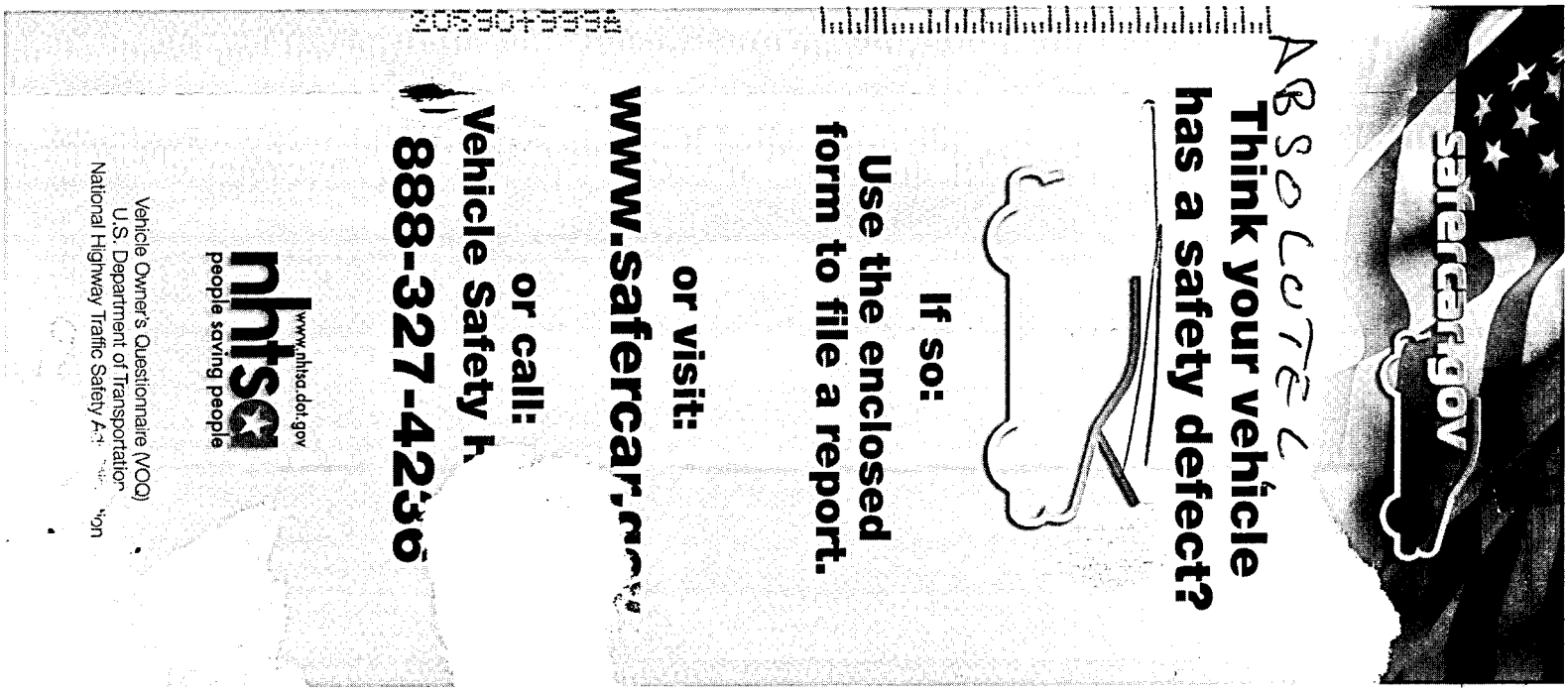
CHAMPAIGN IL 618
21 SEP 2007 PM 2 L

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-210
400 7th Street, SW
Washington, DC 20590



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).