



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: 13-FEB-2009  
Repository:   
Reference No.: 10258552

**OWNER INFORMATION (Type or Print)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: PEWAUKEE State: WI Zip Code: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_  
Evening Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an agent, provide your name or address to the vehicle manufacturer.  
Signature of Owner: \_\_\_\_\_ Date: 3/24/09

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G8ZH1277VZ  
Make: SATURN Model: SC2 Model Year: 1997  
Date Purchased: 1/12/07 Dealer's Name and Telephone Number: BOUCHER SATURN 1800 749-0689 Engine: No: Cylinders: 4 Fuel Type: GAS  
Original Owner:  Dealer's City: WAUKESHA State: WI Zip Code: \_\_\_\_\_  
Transmission Type: \_\_\_\_\_ Antilock Brakes:  Powertrain: \_\_\_\_\_ Multiple Failure: \_\_\_\_\_ Incident Date(s): 13-FEB-2009  
 Cruise Control

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

Vehicle Component Code: 150000 SEAT BELTS Failure Mileage: 109000 Failure Speed: 0

**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:  Yes  No Fire:  Yes  No Number of Persons Injured: 0 Number of Deaths: 0 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).

TL\*THE CONTACT OWNS A 1997 SATURN SC2. THE FRONT PASSENGER SEAT BELT RETRACTOR WOULD NOT RETRACT PROPERLY WHEN THE FRONT SEAT WAS OCCUPIED. THE SEAT BELT IS UNABLE TO BE USED. THE VEHICLE WAS TAKEN TO THE DEALER AND THEY STATED THAT A RECALL REPAIR HAD BEEN PERFORMED IN 1997. THE CONTACT STATED THAT NO REPAIR WAS MADE BECAUSE SHE DID NOT RECEIVE ANY PAPERWORK SHOWING THAT THE SEAT BELT WAS REPAIRED. THE DEALER STATED THAT THEY WOULD TAKE 10% OFF OF THE REPAIR COST. THE FAILURE MILEAGE WAS 109,000. **NO PAPER WORK THAT JOB WAS COMPLETE FROM DEALER WE KNOW IT WAS NEVER REPAIRED**

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.