U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

2009 MAY 27 AM 10:39 1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
06-MAY-2009	Reference No. 10267839

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]		
City MONTGOMERY	State AL	Zip Code [redacted]	

Daytime Telephone Number	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 [redacted] Date 5/6/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
	SATURN	SATURN S SERIES	2002

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 04-MAY-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 061000 ENGINE AND ENGINE COOLING: ENGINE	Failure Mileage 97000	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: 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 S SERIES. THE CONTACT STATED THAT THE VEHICLE CONSTANTLY SHUTS OFF EVER SINCE IT WAS PURCHASED. THE VEHICLE MUST REMAIN PARKED FOR AT LEAST A WEEK BEFORE IT WILL RESTART. AFTER THE MOST RECENT FAILURE, THE VEHICLE HAD TO BE TOWED TO THE DEALER. THE TECHNICIAN COULD NOT DETERMINE THE CAUSE OF THE FAILURE AND THE ENGINE LIGHT REMAINS ILLUMINATED ON THE INSTRUMENT PANEL. THE CONTACT HAS BEEN CALLING THE DEALER WHERE THE VEHICLE IS CURRENTLY LOCATED, BUT HAS NOT GOTTEN A RESPONSE. THE VIN WAS UNKNOWN. THE FAILURE MILEAGE WAS 97,000.

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