Form Approved: O.M.B. No. 2127-0008

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
DEC 01 2010	☐
04-MAR-2010	Reference No. 10316787

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number [redacted]	
City SAN FRANCISCO **State** CA **Zip Code** [redacted]		

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G8AF52F95Z[redacted]	SATURN	ION	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
2009				No: Cylinders	
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s)
				19-FEB-2005

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 010000 STEERING	Failure Mileage	Failure Speed
	34000	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: 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 2005 SATURN ION. WHENEVER HE WAS DRIVING THE POWER STEERING LIGHT CAME ON PRIOR TO THE POWER STEERING FAILURE. THE VEHICLE BECAME UNCONTROLLABLE WHILE DRIVING APPROXIMATELY 20 MPH BEFORE THE VEHICLE WAS MOVED TO THE SIDE OF THE ROAD. THE VEHICLE WAS TAKEN TO THE DEALER WHO INFORMED THE CONTACT THAT THERE WERE NO RECALLS OR WARRANTIES RELATED TO THE FAILURE AND THAT THE VEHICLE COULD BE REPAIRED AT THE OWNERS EXPENSE. THE MANUFACTURER WAS CALLED AND CONFIRMED WHAT THE DEALER STATED. THE FAILURE MILEAGE WAS 34,000. UPDATED 11/16/10. *LJ

Repair was reimbursed by GM/Saturn ca 2 months ago.

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