


INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

 <p>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</p>		FOR AGENCY USE ONLY 100148 Date Received OCT 26 2010 21-JUN-2010 Repository <input type="checkbox"/> Reference No. 10339295	
U.S. Department of Transportation National Highway Traffic Safety Administration			
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	
Address		E-mail Address	
City	State	Zip Code	Evening Telephone Number
CARSON CITY	NV		
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
1G8AL52F45Z		SATURN	ION
Model Year		Engine:	Fuel Type:
2005		No: Cylinders	Unifaded
Date Purchased	Dealer's Name and Telephone Number		
10/2004	SATURN RENO		
Original Owner	Dealer's City	State	Zip Code
X	RENO	NV	
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
Automatic	<input checked="" type="checkbox"/> Cruise Control		Incident Date(s)
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: D10000 STEERING		Failure Mileage	Failure Speed
		30000	65
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)	<input type="checkbox"/> Original Equipment	Failure Location:	
	<input type="checkbox"/> Prior Repair		
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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None	None
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 2005 SATURN ION. WHILE DRIVING AT APPROXIMATELY 65 MPH, THE POWER STEERING FAILED AND THE VEHICLE BECAME VERY DIFFICULT TO STEER. THE POWER STEERING WARNING LIGHT ILLUMINATED ON THE DASHBOARD. THE VEHICLE WAS PULLED OVER AND TURNED OFF. THE VEHICLE RESUMED NORMAL OPERATION WHEN RESTARTED. THE VEHICLE WAS NOT DIAGNOSED. THE FAILURE RECCURED NINE MONTHS LATER. THE VEHICLE HAS NOT BEEN REPAIRED OR DIAGNOSED. THE FAILURE MILEAGE WAS 30,000 AND THE CURRENT MILEAGE WAS 48,217.			
* I ended up taking it to saturn of reno to have it fixed July 17, 2010. Saturn reimbursed me in September for the fees I paid to have my car fixed.			
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.			



JIM GIBBONS
Governor

STATE OF NEVADA
GAMING CONTROL BOARD

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TO: NHTSA

FAX #: 202 366-1767

PHONE #: _____

FROM: _____
Tax and License Division

PHONE #: (775) 684-7780

FAX#: (775) 684-7787

DATE: 10-25-10

RE: Vehicle Owner's Questionnaire

This telecopy consists of 2 page(s) including this page. If you do not receive a complete telecopy, please call _____