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
05-AUG-2011 AUG 3 0 2011	Reference No. 10417153

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City COLUMBIA	State SC	Zip Code [redacted]	Evening Telephone Number [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
1G8JL54R14Y [redacted]	SATURN	LS	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-6-2007	WRAY Automotive INC.			No: Cylinders	
Original Owner ☐	Dealer's City Columbia	State SC	Zip Code 29210	6	Regular 87 Oct.

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
	☐ Antilock Brakes ☑ Cruise Control		High beam stays on and smoke from steering Colum	01-MAR-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 120000 EXTERIOR LIGHTING, 010000 STEERING	Failure Mileage	Failure Speed
	86000	

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			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 2004 SATURN LS 300. THE CONTACT STATED THAT THE HEADLIGHTS AND TURN SIGNALS FAILED. IN ORDER TO TURN THE LIGHTS OFF, THE BATTERY HAD TO BE DISCONNECTED. THE CONTACT ALSO STATED THAT SMOKE WOULD EMIT FROM THE STEERING COLUMN WHILE DRIVING. THE VEHICLE WAS NOT TAKEN TO THE DEALER TO HAVE THE FAILURE DIAGNOSED. THE VEHICLE HAD NOT BEEN REPAIRED. THE FAILURE MILEAGE WAS 86,000 AND THE CURRENT MILEAGE 87,000. THE VIN WAS UNAVAILABLE.

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