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
JUL 18 2012 06-JUN-2012	☐
	Reference No. 10460741

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	Evening Telephone Number	[redacted]
City: GROSSE POINTE WOODS	State: MI	Zip Cod: [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
1G8ZS57N38F [redacted]	SATURN	AURA	2008

Date Purchased	Dealer's Name and Telephone Number			Engine: 3.5 L No: Cylinders 6	Fuel Type:
7/31/08					
Original Owner ☐	Dealer's City: Southgate	State: MI	Zip Code		

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
4 speed, Auto	☒ Antilock Brakes ☒ Cruise Control			04-OCT-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 100000 POWER TRAIN	Failure Mileage	Failure Speed
	45000	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE NA

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 NA

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 2008 SATURN AURA. THE CONTACT STATED THAT WHEN THE GEAR SHIFTER WAS PLACED INTO PARK WITH THE BRAKE PEDAL ENGAGED, THE TRANSMISSION FAILED TO RECOGNIZE THAT IS WAS IN PARK. THE FAILURE RECURRED INTERMITTENTLY AND BECAME PROGRESSIVELY WORSE. AN AUTHORIZED DEALER WAS NOTIFIED OF THE DEFECT. THE VEHICLE HAD NOT BEEN DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS ALSO MADE AWARE OF THE PROBLEM. THERE WAS AN OPEN CONCURRENT INVESTIGATION UNDER NHTSA ACTION NUMBER EA11015 (POWER TRAIN: AUTOMATIC TRANSMISSION: GEAR POSITION INDICATION (PRNDL) THAT COULD POSSIBLY HAVE BEEN ASSOCIATED WITH THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 45,000. THE VIN WAS UNAVAILABLE.

(See above)

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