Form Approved: O.M.B. No. 2127-0006

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
OCT 25 2012 04-OCT-2012	☐
	Reference No. 10478624

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City: FERNDALE	State: MI	Zip Code: [redacted]	Evening Telephone Number

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
1G8JT52FOYY[redacted]	SATURN	L SERIES	2000

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) 27-SEP-2012

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 010000 STEERING	Failure Mileage	Failure Speed
	165000	45

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 2000 SATURN LSERIES. THE CONTACT STATED THAT WHILE TRAVELING 45 MPH, THE VEHICLE BEGAN INDEPENDENTLY STEERING TO THE LEFT. THE VEHICLE WAS TAKEN TO A LOCAL REPAIR SHOP WHERE IT WAS CONFIRMED THAT THE FAILURE WAS CAUSED BY CORROSION OF THE SUB FRAME. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE VEHICLE WAS NOT REPAIRED. THE VIN WAS UNAVAILABLE. THE FAILURE AND CURRENT MILEAGES WERE 165,000.

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

STUDIO DESIGN & MILLWORK
49420 Vandyke.
Utica mi 48307
586-726-5537 office
586-726-9532 fax

STUDIO DESIGN & MILLWORK

To: NHTSA Fax: 202-366-1767

From: [redacted] Date:

Re: Pages: 2

CC:

☐ Urgent ☐ For Review ☐ ORDER ☐ QUOTE ☐ Please Recycle

Updated: Vin number supplied,

Notes: