

 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 NOV 13 2012 04-OCT-2012		Repository ☐		Reference No. 10478624	
OWNER INFORMATION (Type or Print)					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City FERNDAL	State MI	Zip Code			
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 1G8JT52FOYY		Make SATURN	Model L SERIES	Model Year 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 - correction * subframe rotted			Failure Mileage 165000	Failure Speed 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: DOTM19ABC036)	☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Deaths 0	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 2000 SATURN L SERIES. 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					
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.					

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: [REDACTED] Pages: 2

CC:

☐ Urgent ☐ For Review ☐ ORDER ☐ QUOTE ☐ PleaseUpdated: Vin number supplied, ^{Recycle}

* Correction made for
Notes: failed component part.