

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 01-APR-2014 NOV 1 9 2014	Repository ☐ Reference No. 10576209
OWNER INFORMATION (Type or Print) Name [REDACTED] Address [REDACTED] City LAS VEGAS State NV Zip Code [REDACTED]			Daytime Telephone Number [REDACTED] E-mail Address [REDACTED] Evening Telephone Number same	
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 1G8AJ52F65Z [REDACTED] 2nd owner			Make SATURN	Model ION
Date Purchased 10-2006	Dealer's Name and Telephone Number Saturn Dealership - Closed 1st owner		Engine: 2.2L No: Cylinders 04	Fuel Type: Regular
Original Owner Dealer ☐	Dealer's City Las Vegas, NV	State NV Zip Code		
Transmission Type ☒ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure: Yes repaired 2012 Failed 2014	Incident Date(s) 01-NOV-2006 Jan 10, 2014	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Vehicle Component Code: 110000 ELECTRICAL SYSTEM U1303 - Ignition mechanical failure			Failure Mileage Approx 105,000	Failure Speed 45 to 50
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: DOTM19ABC036)	☐ 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 ☒ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police X yes
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. THE CONTACT STATED THAT THE VEHICLE STALLED WITHOUT WARNING AND THE KEY HAD BEEN DIFFICULT TO REMOVE FROM THE IGNITION ON MULTIPLE OCCASIONS. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER WHO WAS UNABLE TO DIAGNOSE THE PROBLEM MORE THAN ONCE. THE FAILURE STILL RECURRED. THE VEHICLE WAS TAKEN BACK TO AN AUTHORIZED DEALER WHO DIAGNOSED THAT THE STEERING IGNITION LOCK HOUSING CYLINDER NEEDED TO BE REPLACED AND RECORDED. THE VEHICLE WAS REPAIRED AND THE FAILURE RECURRED. THE KEY WAS LOCKED IN THE IGNITION AND THE CONTACT HAD TO WAIT UNTIL SHE HEARD A CLICKING NOISE IN ORDER TO RELEASE THE KEY ON MORE THAN ONE OCCASION. THE CONTACT WAS INCLUDED IN NHTSA CAMPAIGN ID NUMBER: 14V047000 (AIR BAGS AND ELECTRICAL SYSTEM) AND RECEIVED A RECALL NOTICE YEARS AFTER THE FAILURE OCCURRED MULTIPLE TIMES. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 105,000 108,000 APPROX				
1. Saturn ignition + starter switch replaced - 7/6/2006 2. Saturn ignition lock housing, lock cylinder replaced - 10/16/2012 - Paid \$668.01 3. Still waiting for call to replace ignition.				
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.				

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I made a stop by slowing down when my car turned off and went across 4 lanes and stopped at the curb. While it was doing it's thing, w/o warning, I was hit by the car in the next lane. I had no brakes, steering or air bag to ~~try~~ to control what was happening. My car was hit on the passenger front door. Glass was flying everywhere. I was hit on my left side and in my head with glass ~~wheel~~. I was charged with causing the accident by the officer and given a ticket. I went to the hospital for a concussion. I found out about the recall by going to the dealership to get some work done on my car. The ~~repmgr~~ mgr of the repair department told me about the recall and gave me a copy and told me to call immediately and I did. I got a claim no. and was asked to let GM come to my home to download ^{information}. I rejected that offer. my car has alignment, transmission, suspension problems ~~from~~ ^{from} the impact of the accident. I am paying to fix these problems. The door + fender have been replaced.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

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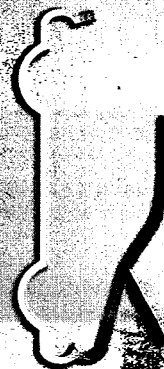
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**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



**Think your vehicle
has a safety defect?**



**If so:
Use the enclosed
form to file a report.**

**or visit:
www.safercar.gov**

**or call:
Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration