

AUG 19 2014

 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 17-JUN-2014	Repository ☐ Reference No. 10598956		
OWNER INFORMATION (Type or Print)				Daytime Telephone Number Evening Telephone Number	
Name Address City GIRARD State OH Zip Code		E-mail Address NOEMAIL@UNK.GOV			
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 1G8ZS57N37F		Make SATURN		Model AURA	
Date Purchased Original Owner ☐		Dealer's Name and Telephone Number Dealer's City State Zip Code		Model Year 2005 Engine: No: Cylinders	
Transmission Type ☐ Antilock Brakes ☐ Cruise Control		Powertrain Multiple Failure:		Incident Date(s) 06-JUN-2014	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 100000 POWER TRAIN				Failure Mileage 112335	
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 2007 SATURN AURA. THE CONTACT STATED THE VEHICLE FAILED TO SHIFT INTO PARK. THE VEHICLE WAS TOWED TO THE DEALER. THE DEALER STATED THE CONTACT'S VIN WAS NOT INCLUDED IN RECALL NHTSA CAMPAIGN NUMBER: 14V224000 (POWER TRAIN). THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE VEHICLE WAS REPAIRED. THE FAILURE MILEAGE WAS 112,335 AND THE CURRENT MILEAGE WAS 112,435.					
GM ADDED Vehicle TO RECALL AND Reimbursed for Repairs THANK YOU for YOUR Assistance					
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 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.					

LUBE to 50123
...exclusive special
...ers from Sweeney!
CUSTOMER #: P95944306

www.sweeneycars.com

277021



INVOICE

8010 MARKET STREET
P.O. BOX 3540
YOUNGSTOWN, OH 44513
PHONE: (330) 758-7521

GIRARD, OH

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HOME: [REDACTED] CONT: [REDACTED]
BUS: [REDACTED] CELL: [REDACTED]

SERVICE ADVISOR: 10 KEVIN CARZOO

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/ OUT	TAG	
BLACK	07	SATURN AURA	1G8ZS57N37F		112335/112335	T1755	
DEL DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
30APR07 DD			15:00 03JUN14			CASH	06JUN14

R.O. OPENED	READY	OPTIONS:
07:02 03JUN14	16:05 06JUN14	

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A	CHECK	(NIGHT DROP)	(TOW IN)	SHIFT CABLE BROKE, E BRAKE IS ON, AS PER CUSTOMER.			

8440390 MANUAL TRANSMISSION SHIFT LEVER CABLE REPLACEMENT

9309	CP	2.00		190.00	190.00
1	23237999			29.38	29.38
1	25907374 (S)BRACKET			16.61	12.45

112335 BROKEN REPLACED SHIFT CONTROL CABLE AND BRACKET

\$231.83

B MULTI POINT INSPECTION

INSP MULTI POINT INSPECTION

9309	IS	0.10			(N/C)
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TIRE3 MPVI: TIRE TREAD RED - 3/32 (REPAIRS RECOMMENDED)

9309	IS	0.00			(N/C)
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BK5 MPVI: BRAKE LINING YELLOW - 5 MM - (NOTATION FOR FUTURE REPAIRS)

9309	IS	0.00			(N/C)
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112335 TIRES 3 32NDS FRONT BRAKES 6MM REAR 5MM

C QUALITY CONTROL CHECK

QC QUALITY CONTROL CHECK

3	IS	0.00			(N/C)
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112335 QC OKED F.,S., --SEE OTHER DECLINE LINES--

D Y123

W Y123

3	IS	0.00			(N/C)
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E** LEFT HEADLAMP LOW BEAM, REPAIR. PER CUSTOMER.

2043350 HEADLAMP BULB REPLACEMENT

9309	CP	0.60		57.00	57.00
1	13503417 (S)BULB			26.50	26.50

112335 INOPERATIVE BULB REPLACED LEFT LOW BEAM HEADLAMP BULB

TO ORDER: www.sweeneycars.com; 1-800-344-7444; Fax: 1-800-591-9025
The Reynolds and Reynolds Company
GSP-98/84 (04/11)

WARRANTY STATEMENT AND DISCLAIMER:

The only warranty on parts and products sold in conjunction with repairs performed by Dealer are those of the manufacturer or supplier of said parts or products. Dealer hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of parts or products. Dealer warrants its workmanship in conjunction with repairs performed by Dealer for 90 days or 4,000 miles, whichever comes first. If there is a failure within the stated period due to our workmanship, we will perform the necessary labor to remedy the failure. You are responsible for the cost of any necessary parts and products.

SHOP SUPPLY COSTS: We have added a charge equal to 8% of the cost of labor, not to exceed \$15.00, to the Repair Order for shop supplies used in connection with the repair.

ALL PARTS INSTALLED ARE NEW UNLESS OTHERWISE INDICATED.

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	

CUSTOMER COPY