

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

INFORMATION Redacted PURSUANT TO THE FREEDOM OF ACT (FOIA), 5 U.S.C. 552(b)(6)

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

02-DEC-2014

Repository ☐Reference No.
10661601**OWNER INFORMATION (Type or Print)**Name Address

City SILVER SPRING

State MD

Zip Code

Daytime Telephone Number

E-mail Address

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

1G8ZS57N98F Make
SATURNModel
AURAModel Year
2008

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

Powertrain

Multiple Failure:

Incident Date(s)
01-NOV-2013☐ Cruise Control**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 010000 STEERING

Failure Mileage
14000

Failure Speed

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 2008 SATURN AURA. WHEN MAKING A LEFT OR RIGHT TURN, THE CONTACT HEARD A CLICKING NOISE COMING FROM THE STEERING COLUMN. THE DEALER STATED THAT THE STEERING INTERMEDIATE SHAFT NEEDED TO BE REPLACED. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE FAILURE MILEAGE WAS 14,000.

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 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.

Subject: FW: Follow up to ODI Complaint ----10661601
Date: Tuesday, January 06, 2015 12:26:52 PM
Attachments: [10661601.pdf](#)

Sent: Tuesday, January 06, 2015 12:20 PM

Subject: FW: Follow up to ODI Complaint ----10661601

From: [REDACTED]
Sent: Tuesday, January 06, 2015 10:39 AM
To: DataQuality, DataQuality (NHTSA)
Subject: Follow up to ODI Complaint ----10661601