

JUN 15 2015

 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 04-MAY-2015		Repository ☐ Reference No. 10714333	
OWNER INFORMATION (Type or Print)				Daytime Telephone Number [REDACTED]	
Name [REDACTED]				E-mail Address	
Address [REDACTED]				Evening Telephone Number	
City DELRAY BEACH		State FL	Zip Code [REDACTED]		
<i>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).</i>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G8ZK52721Z [REDACTED]		Make SATURN	Model SL	Model Year 2001	
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) 01-JUN-2013	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, FUEL/PROPULSION SYSTEM (PWS)				Failure Mileage 142000	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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>					
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 2001 SATURN SL. THE CONTACT STATED THAT WHEN THE IGNITION WAS TURNED TOWARDS THE ON POSITION, IT WAS DIFFICULT TO TURN THE KEY AND IT TOOK NUMEROUS ATTEMPTS TO START THE VEHICLE. THE CONTACT STATED THAT THE KEY WAS REMOVED WITHOUT THE IGNITION BEING TURNED TO THE OFF POSITION. THE CONTACT ALSO STATED THAT WHILE REFUELING THE FUEL TANK, THE VEHICLE FAILED TO INDICATE WHEN THE FUEL TANK WAS FULL CAUSING FUEL TO SPILL. THE FAILURES RECURRED NUMEROUS TIMES. THE VEHICLE WAS TAKEN TO A DEALER WHERE IT NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 142,000.					
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.					

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

It can take up to 30 minutes trying to turn the ignition switch on before the vehicle starts. It is not safe or reliable. In addition, the vehicle sometimes ~~stop~~ shuts off when I get to a stop sign or stop light. It is a blessing that there has not been an accident due to this problem.

* Please approve me for a recall because these issues are all issues proven to be wrong with many of these vehicles and I need to have transportation for the various duties of life.
Thank you!

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

Official Business
Penalty for Private Use \$300

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NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

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WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**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 enclo-
form to file a re-**

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline

888-327-4236



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