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	Repository ☐
09-MAY-2016 JUN 29 2016	Reference No. 10863948

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City: PALM DALM	State: CA	Zip Code: [redacted]	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	Make	Model	Model Year
[redacted] 1G8ZV577 58F [redacted]	SATURN	AURA	2008

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
2008	PALM DALE GMC (NOW - WAS SATURN)			V-6	GAS
Original Owner ☒	Dealer's City	State: CA	Zip Code: 93551		

Transmission Type	☐ Antilock Brakes ☐ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s): 05-APR-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: FUEL/PROPULSION SYSTEM (PWS)	Failure Mileage: 19000	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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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. WHILE THE VEHICLE WAS PARKED, A STRONG ODOR OF FUEL WAS OBSERVED. THE CONTACT NOTICED FUEL LEAKING FROM THE REAR OF THE VEHICLE. THE CONTACT STATED THAT THEY EXPERIENCED THE SAME FAILURES EXPLAINED IN NHTSA CAMPAIGN NUMBER: 13E043000 (FUEL SYSTEM), BUT THE VIN WAS NOT INCLUDED IN THE RECALL. THE VEHICLE WAS NOT DIAGNOSED OR REPAIRED. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE FAILURE MILEAGE WAS 19,000. THE VIN WAS NOT AVAILABLE.

THE FUEL RETURN LINE AT THE FUEL PUMP BROKE DUE TO BAD PLASTIC. FUEL WAS THEN LEAKING OVER TANK ONTO EXHAUST & FUMES COULD BE SMELT IN SIDE CAR. FUEL PUMP REPLACED. WORKS FINE

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

GAS TANK WAS REMOVED & FUEL PUMP REPLACED DUE TO FAILURE OF PLASTIC RETURN LINE ON FUEL PUMP ITSELF

GAS WOULD LEAK ON RETURN LINE OVER GAS TANK & ON TO EXHAUST. FUMES COULD ALSO BE SMELT IN CAB OF CAR.
REPLACED FUEL PUMP. FIX. $1,100 —

ATTACH ADDITIONAL SHEETS IF NECESSARY

SANTA CLARITA
CA 913
17 JUN '16
PM 2 L

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

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

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Office of Defects Investigation, NEF-100
1200 New Jersey Avenue SE.
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