

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

INFORMATION 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

AGENCY USE ONLY 100148

Date Received

Repository ☐

09-MAY-2016

Reference No.

10863948

JUN 29 2016

OWNER INFORMATION (Type or Print)

Name

Address

City

PALM DALM

State

CA

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

Make

SATURN

Model

AURA

Model Year

2008

Date Purchased

2008

Dealer's Name and Telephone Number

PALMDALE GMC (New - was Saturn)

Engine:

No: Cylinders

Fuel Type:

GAS

Original Owner

☒

Dealer's City

State

CA

Zip Code

93551

V-6

Transmission Type

☐☐

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: DOTM9ABC036)

☐ 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

Number of Deaths

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. 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 A TANK ONTO GYMNASIUM & FLAMES 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

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)

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

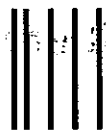
GAS WOULD LEAK OUT RETURN LINE OVER
GAS TANK & ON TO EXHAUST. PUMPS COULD
ALSO BE SMELT IN CAB OF CAR.
REPLACED FUEL PUMP. FTY.

ATTACH ADDITIONAL SHEETS IF NECESSARY

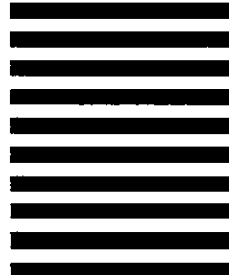
\$1,100-

SANTA CLARITA

CABLE
17 JUN '15
PM 2:11



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NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST CLASS 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, NEF-100
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

