 <p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire TO REPORT VEHICLE SAFETY DEFECT 1-888-DASH-2-DOT 1-888-327-4238 INTERNET: http://www.nhtsa.dot.gov</p>	<p style="text-align: center; font-size: small;">FOR AGENCY USE ONLY</p> <p>Date Received: 00 JAN 11 PM 3:00</p> <p style="text-align: center; font-size: x-large; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: x-large; font-weight: bold;">OFFICE OF INVESTIGATION</p> <p>Reference No. 550368</p>
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OWNER INFORMATION (Type or Print)

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: _____ Date: 01/07/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (17 Digits) 1G8ZF5592RZ304712	Vehicle Make SATURN	Vehicle Model	Vehicle Year 1994	Current Odometer Reading 63000
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Purchased Date 05/04/94	Dealer's Name Saturn	Engine Size (CID/CCL) 4	No. Cylinders 4	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City JACKSONVILLE	State FL	Zip Code			
Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util. <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Seatbelt	Part Name(s) Seatbelt Seatbelt DRIVER SIDE	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 26	Date(s) of Failure(s) ALL THE TIME	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 61,007		
	Vehicle Speed at Failure(s): ALL THE TIME		

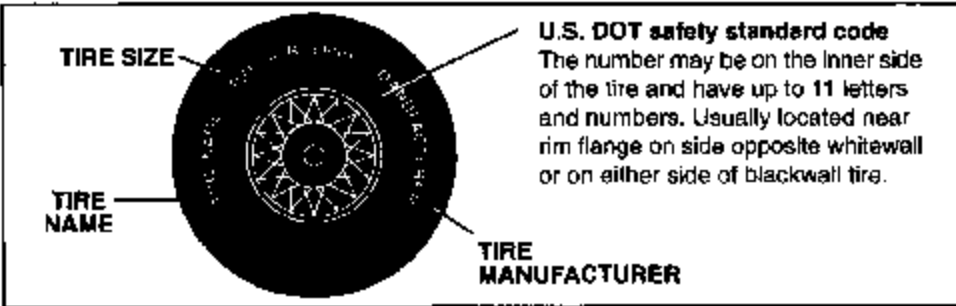
APPLICABLE INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Persons Injured N/A	Number of Fatalities N/A	Estimated Property Damage \$ _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters).
 Note: This information not required for normal operation tires.

DOT	Manufacturer	Tire Name	Complete Tire Size
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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 administration 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)

Driver side seatbelt inop. the belt will not slide to the lock
POSITION

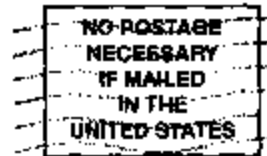
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
<http://www.nhtsa.dot.gov/online>