

Posted AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE NATIONAL HIGHWAY Traffic Safety Administration NATIONWIDE 1-800-424-9393 DC METRO AREA 202-368-0123		FOR AGENCY USE ONLY DATE RECEIVED RECEIVED 00 MAR 27 AM 9:14 OFFICE DEFECTS INVESTIGATION DAY TIME TELEPHONE _____		od. or _____ rt. dl. _____ od. rt. _____ up. ltr. _____ REFERENCE NO. _____	
OWNER INFORMATION (TYPE OR PRINT)				551538	
NAME and ADDRESS 					
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 <u>2-14-00</u>	
VEHICLE INFORMATION					
VEHICLE IDENTIFICATION NO. <u>1G82K8271X257341</u>		VEHICLE MAKE <u>Saturn</u>		VEHICLE MODEL <u>SW2</u>	
				MODEL YEAR <u>99</u>	
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE					
CURRENT ODOMETER READING <u>29812</u>		DATE PURCHASED _____		DEALER'S NAME, CITY & STATE <u>Saturn of the Hamptons Southampton, NY</u>	
☒ NEW ☐ USED		ENGINE SIZE (CID/CC/L) <u>1.9</u>		☐ TURBO ☒ DIESEL ☐ GAS ☒ FUEL INJECTN	
NO. CYLINDERS <u>4</u>					
TRANSMISSION TYPE ☐ MANUAL ☒ AUTOMATIC		ANTILOCK BRAKES ☒ YES ☐ NO		RESTRAINT SYSTEM ☒ DRIVERSIDE AIRBAG ☐ MOTORBELT ☐ PASSENGERSIDE AIRBAG ☐ 3-POINT BELT ☐ 2-POINT BELT	
		CRUISE CONTROL ☒ YES ☐ NO		DRIVE SHAFT ☒ FRONT ☐ REAR ☐ 4-WHEEL	
				BODY STYLE STAWAG ☒ HATCH BK _____ 4 DR _____ VAN _____ 2 DR _____ PK UP TRK _____ OTHER _____	
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)					
COMPONENT <u>brake</u>	PART NAME(S)	LOCATION ☐ LEFT FRONT ☐ RIGHT REAR		FAILED PART(S) ☒ ORIGINAL ☐ REPLACEMENT	
NO. OF FAILURES <u>5</u>	DATE(S) OF FAILURE(S) <u>12/28/99 12/29/99</u> <u>1-2-00 1-16-00</u>		MANUFACTURER CONTACTED ☒ YES ☐ NO		NHTSA PREVIOUSLY CONTACTED ☒ YES ☐ NO
	MILEAGE AT FAILURE(S) <u>about 22,000</u>		VEHICLE SPEED AT FAILURE(S) <u>about 20 MPH</u>		
APPLICABLE ACCIDENT INFORMATION					
ACCIDENT ☐ YES ☒ NO	FIRE ☐ YES ☒ NO	NUMBER PERSONS INJURED _____	NUMBER OF FATALITIES _____	PROPERTY DAMAGE ESTS _____	POLICE REPORTED ☐ YES ☐ NO
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)					
<i>Stepping on the brakes caused the engine idle to go to maximum RPM totally without warning. The effect was the same as stepping on the brake while flooring the accelerator, causing the car to pull into traffic.</i>					
CONTINUE ON BACK IF NEEDED					
The Privacy Act of 1974 Public Law 95-579 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.		

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail																					
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)																					
TIRE IDENTIFICATION NO.*																					
D	O	T																		MANUFACTURER/TIRE NAME	SIZE
* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.																					
NARRATIVE DESCRIPTION (CONTINUED)																					

NARRATIVE DESCRIPTION (CONTINUED)

Subsequent phone calls to Saturn customer service or the Southampton service manager did not result in any serious concern or follow up on the problem. I was told to wait until the problem happened again.

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

U.S. Department of Transportation
National Highway Traffic Safety Administration
Auto Safety Hotline, NEF-11 HL
400 7th Street, SW
Washington, DC 20590

