Form Approved: O.M.B. No. 2127-0039

U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 258

Date Received: 16-AUG-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 728058

[redacted]

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

Signature of Owner _____ Date____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G8ZH8288XZ126348	SATURN	SW1	1999	

Purchase Date: 01-JUL-1999
☒ New ☐ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) _____
No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☒ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
12320000 12111000	INTERIOR SYSTEMS:SEAT LATCH INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
1	27-JUL-2000 3024 0	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☒ No	2	0		☒ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

MY HUSBAND AND DAUGHTER (AGE 4) WERE INVOLVED IN AN ACCIDENT ON JULY 27, 2000 IN OUR 1999 SATURN SW1. THEY WERE SITTING AT A RED LIGHT WHEN THEY WERE REAR ENDED AT APPROXIMATELY 40-45PMH. UPON IMPACT NIETHER AIRBAG DEPLOYED. I'M NOT SURE IF THEY WERE SUPPOSED TO), BUT THE MAJOR CONCERN WAS THAT THE DRIVERS SEAT SPRINGS BROKE COLLAPSING THE DRIVERS SEAT AND LEFT MY HUSBAND LANDING IN THE BACK SEAT, HIS FOOT FALLING FROM THE BRAKE AND ROLLING INTO TRAFFIC AT APPROXIMATELY 12-15MPH. MY HUSBAND ENDED UP INJURED WITH A THORACIC STRAIN. MY DAUGHTER (IN THE FRONT PASSENGER SEAT) WAS ALSO INJURED. BOTH OF THEM WERE RESTRAINED WITH FULL SEAT BELTS. IN THE EMERGENCY ROOM AND AT THE SIGHT WE WERE TOLD THAT IT WAS LUCKY THAT MY DAUGHTER WAS IN THE FRON

CONTINUED ON BACK PANEL