



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

**Auto Safety Hotline**

## Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>**

**FOR AGENCY USE ONLY 258**

Date Received

19-JUL-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

748746

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)<br><small>(Location at bottom of<br/>and/or above driver's side)</small> | Vehicle Make  | Vehicle Model  | Vehicle Year   | Current Odometer Reading  |   |  |
| 1G8ZH1479NZ252100   | SATURN  | SC2  | 1992   |   |   |  |
| Purchase Date<br>01-JUN-2000  | Dealer's Name _____   | Engine Size<br>(CID/CC/L) 4  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injectio |   |   |  |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                             | City _____ State _____ Zip Code _____   | No Cylinders _____   |  |   |   |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic        | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input checked="" type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                                   |   |  |  |
|-----------------------------------|---|--|--|
| Component<br>08210000<br>12111200 | Part Name(s)<br>ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD<br>INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT, | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure<br>1                | Date(s) of Failure(s) 18-JUN-2001<br>150000<br>Mileage at Failure(s) 30   | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NIHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured<br>1 | Number of Fatalities<br>1 | Estimated Property Damag | Reported to Police<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|--------------------------------|---------------------------|--------------------------|---|

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

**AIRBAG FAILED ON FRONT IMPACT, FIRE STARTED UNDER PASSENGER SEAT IN FRONT, DRIVER TRAPPED, TOTALED CAR, DESTROYED BY FIRE IN SECONDS. VERY LITTLE DAMAGE FROM IMPACT.\*AK**

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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 administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.