



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

28-NOV-2001

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

Reference No.

755017

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>(Locate at bottom of<br/>windshield or driver's side)</small><br><b>1993SATURNTOTALED</b> | Vehicle Make<br><b>SATURN</b>   | Vehicle Model<br><b>SW2</b>  | Vehicle Year<br><b>1993</b>  | Current Odometer Reading  |  |  |
| Purchase Date<br><b>01-MAY-1993</b>  | Dealer's Name _____   | Engine Size<br>(CID/CC/L) _____  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injectio |   |  |  |
| <input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input checked="" type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Bel | 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<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Util<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input checked="" type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

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

|                           |  |  |  |
|---------------------------|--|--|--|
| Component<br>12111200     | Part Name(s)<br><b>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.</b> | 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><b>2</b> | Date(s) of Failure(s)<br>23-JUL-1998   | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No               |
|                           | Mileage at Failure(s)<br>98900   |  |  |
|                           | Vehicle Speed at Failure(s)<br>30  |  |  |

### 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>1 | Number of Fatalities<br>0 | 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)

**THE HIGH SPEED AIRBAG DAMAGED THE DRIVER'S FACE, BREAKING TEETH, GLASSES, AND BITE GUARD.  
\*AK**

CONTINUED ON REVERSE

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.