Form Approved: OMB No. 2127-0042

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: 02-FEB-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 757672

[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.) (Location of number on vehicle)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1G8ZG5283VZ314449	SATURN	SL1	1997	

Purchase Dat: 01-FEB-1997 ☒ New ☐ Used

Dealer's Name _____

City _____ State _____ Zip Code _____

Engine Size (CID/CC/L 1.9 LI
No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ 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	Part Name(s)	Location	Failed Part(s)
05150021 11101000	ENGINE:GASKETS:VALVE COVER HEATER:WATER:DEFROSTER:DEFOGGER:CONTROL SWITCH	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	16-JAN-2002	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s) 70486		
	Vehicle Speed at Failure(s)		

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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WE GOT CAR FROM SATURN OF WARWICK LEASED THEN BOUGHT OUTRIGHT . THE SERVICE ISSUE WE ARE ABOUT TO TELL WAS DONE AT THE SATURN OF SEEKONK LOC. IT IS ACTUALLY CLOSER TO OUR HOUSE. ON JAN, 16, 2002 WE HAD TO BRING THE SATURN IN FOR SERVICE BECAUSE WE STARTED THAT DAY LOOSING ANTI FREEZE QUICKLY THEN THE CAR BEGAN TO RUN HOT BUT DID NOT OVER HEAT, MEANWHILE THE REGULAR HEAT CONTROL DIDNT WORK 3 DAYS PRIOR TO THIS INCIDENT AND WE HAD IT SHEDULED FOR SERVICE THAT COMING SAT. WE DROP IT OFF, CAR RUNNING HOT BUT NEVER OVERHEATED THE TECH ONLY PUT THAT IN HIS REPORT . KEEP IN MIND WE HAD NO SYMPTOMS DESCRIBED BY DEALER LETTING US KNOW THAT WE WERE HAVING PROBLEMS LIKE RUN SLUGGISH, NOT

CONTINUE ON BACK IF NEEDED