



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

09-MAR-2002

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

759153

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 at bottom of windshield and driver's side door) 1G8JW52R4YY616450		Vehicle Make SATURN	Vehicle Model LS2	Vehicle Year 2000	Current Odometer Reading
Purchase Date 01-JUN-2000	Dealer's Name _____		Engine Size (CID/CC/L) 3.0L	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
					Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12450000	Part Name(s) INTERIOR SYSTEMS:INSTRUMENT PANEL:OTHER PART	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 2	Date(s) of Failure(s) 16-JUN-2001	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 12413		
	Vehicle Speed at Failure(s) 45		

APPLICATION INCIDENT INFORMATION

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

Crash ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE VEHICLE HAS BEEN AT THE DEALER FOR SEVERAL WEEKS (NOT CONSECUTIVELY) FOR WARRANTY WORK TOTALING \$2500. THE GLOVE COMPARTMENT HAS BEEN BROUGHT TO THEIR ATTENTION 5 TIMES AND HAS NOT BEEN REMEDIED. 'AK

CONTINUE 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.



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Work Number 714 765 4453

Home Number 626 665 2949

OWNER INFORMATION (Type or Print)

DAVID GENSLE 742746
15056 E. WALBROOK DR.
HACIENDA HEIGHTS CA 91745

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) (Locate at bottom of and/or driver's door side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G8JW52R4YY616450	SATURN	LS2	2000	

Purchase Date 01-JUN-2000	Dealer's Name _____	Engine Size (CID/CC/L 3.0L	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

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

Component 12450000	Part Name(s) INTERIOR SYSTEMS:INSTRUMENT PANEL:OTHER PART	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
No of Failure 2	Date(s) of Failure(s) 16-JUN-2001	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 12413		
	Vehicle Speed at Failure(s) 45		

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Crash ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag 0	Reported to Police ☐ Yes ☒ No
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VEHICLE INFORMATION

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Purchase Date 01-JUN-2000	Dealer's Name _____		Engine Size (CID/CC/L) 3.0L	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☒ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____		

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COPIES OF THIS FORM ARE:

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