785360

From: siracusa@publicinteractive.com
To: Young, Beverly <NHTSA>, Jimenez, Alberto <NHTSA>
Date: 3/20/01 7:36PM
Subject: Car Talk VOQ submission

* This data was submitted via a fill-in form at the Cartalk web site
* (http://www.cartalk.cars.com/Tools/nhtsa.pl) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Tuesday, March 20th 2001 at 7:35:43 PM

VECHICLE OWNER'S QUESTIONNAIRE
==========

OWNER INFORMATION

N[redacted]
AD[redacted]
TEL[redacted]

NHTSA authorized to send a copy of this report to the manufacturer: Yes

VEHICLE INFORMATION

VIN: 1G8ZH5281VZ223256
MAKE: SATURN AUTO
MODEL: SL1
YEAR: 1997

ODOMETER: 65000
PURCHASE DATE: NEW OR USED: New

DEALER NAME: SATURN OF HADLEY
ADDRESS: HADLEY, MA 01035

ENGINE SIZE: 1.9
CYLINDERS: 4

FUEL INJECTION: Yes
TURBO: No
FUEL TYPE: Gas
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes
DRIVETRAIN: Front

DRIVER AIRBAG: Yes
PASSENGER AIRBAG: Yes
3-POINT BELT: No
MOTOR BELT: No
2-POINT BELT: No
BODY STYLE: 4-Door

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: HEAD GASKET, WATER PUMP AND
GASKET, POWER STEERING PUMP,OIL
PAN GASKET,SERPENTINE DRIVE
BELT, TORQUE AXIS MOUNT

PART NAME(S):

LOCATION:

NUMBER OF FAILURES: 6

DATE(S) OF FAILURES: 3/13/01

MILEAGE AT FAILURE(S): 65000

SPEED AT FAILURE(S): 0

MANUFATURER CONTACTED: Yes

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: No
FIRE: No

NUMBER OF PERSONS INJURED:
NUMBER OF FATALITIES:
ESTIMATED PROPERTY DAMAGE: $

DRIVER AIRBAG DEPLOYED:
PASSENGER AIRBAG DEPLOYED:

REPORTED TO POLICE:

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT
TIRE MANUFACTURER:
TIRE NAME:
TIRE SIZE:

ADDITIONAL COMMENTS

MY 4 YEAR 3 MONTH SL1 4 DOOR AUTOMATIC SATURN WAS PURCHASED NEW ON 1/4/97. I BROUGHT IT TO SATURN OF HADLEY FOR ALL MAINTANCE INCLUDING RECOMMENDED MAINTANCE UNTIL THE 3YR OR 36,000 MILE WAS MET AT 2 1/2YRS. A ROTOR WAS WARPED AFTER 6 MONTHS OF OWNERSHIP AND SATURN REPLACED IT. IN JUNE OF 2000 I BROUGHT THE CAR IN FOR NEW BRAKES AND COMPLAINED OF THE COOLANT LIGHT COMING ON. THE COOLANT WAS TOPPED OFF. ON 3/13/01 MY SERVICE ENGINE SOON CAME ON AND I CALLED SATURN. I DROPPED OFF MY 4YR 3MONTH OLD CAR WITH 65,000 MILES ON 3/14/01 AND ASKED FOR A 60 MILE TUNEUP AND THE SERVICE ENGINE LIGHT SOON CHECKED OUT. I CALLED SATURN ON 3/15/01 AND WAS TOLD I NEEDED A HEAD GASKET,POWER STEERING PUMP, WATER PUMP,OIL PAN GASKET,SERPENTINE DRIVE BELT, AND A TORQUE AXIS MOUNT FOR AROUND $1880.00. THE CAR IS ONLY 4YEARS OLD AND I STILL HAVE 9 MONTHS OF PAYMENTS TO MAKE. SATURN ESTIMATED THE WORK AT $1880.00 PLUS THE $300.00 FOR THE 60 MONTH TUNEUP. AFTER COMPLAINING TO SATURN THAT MY CAR HAD BEEN IN FOR SERVICE ON TWO PRIOR OCCASIONS FOR THE COOLANT, SATURN REVISED MY BILL TO $1844.92. WHAT A DEAL!! ALL THIS ON A 4YR OLD CAR, WHAT RELIABILITY! I WILL NEVER BUY ANOTHER SATURN!!

END OF FORM

Form Approved: O.M.B. No. [illegible]

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 778	
Date Received: 20-MAR-2001	Od_or ____ rt_dt ____ od_rt ____ up_ltr ____
	Reference No. 785360

[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.) [illegible]	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1G8ZH5281VZ22356	SATURN	SL1	1997	

Purchase Dat	Dealer's Name	Engine Size	
04-JAN-1997 ☒ New ☐ Used	Dealer's Name ____ City ____ State ____ Zip Code ____	(CID/CC/L 4 CYL 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 ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
05000000	ENGINE AND ENGINE COOLING SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s) / Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
1	13-MAR-2001 65000	☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

HEAD GASKET, WATER PUMP, OIL PAN GASKET, SERPENTINE DRIVE BELT, AND COOLANT LIGHT ON, SERVICE ENGINE LIGHT WAS ALSO ON, WORK COMPLETED BY DEALER. *JB

Form Approved: OMB No. 2127-0042

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

Auto Safety Hotline

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INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 416

Date Received: 20-MAR-2001

Od_or
rt_dt
od_rt
np_ltr

Reference No.: 785360

[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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1G8ZH5281VZ22356	SATURN	SL1	1997	

Purchase Dat		Engine Size	
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L 4CYL 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 ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
01310000	STEERING:POWER ASSIST:PUMP	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
1	13-MAR-2001 65000		☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

POWER STEERING PUMP FAILURE. *JB

CONTINUED ON NEXT PAGE

Form Approved: O.M.B. No. 2127-0002

U.S. Department of Transportation

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Od_or ____
rt_dt ____
od_rt ____
up_ltr ____

Reference No. **785360**

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ *YES* ☐ *NO*
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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 Readin
1G8ZH5281VZ22356	SATURN	SL1	1997	

Purchase Dat ____ ☒ New ☐ Used

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

Engine Size (CID/CC/L 4CYL
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 ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ut ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
03273000 03200000	BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB BRAKES:HYDRAULIC SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s) / Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
2	01-JUN-2000	☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

WARPED ROTOR AFTER 6 MONTHS OF OWNERSHIP WAS REPLACED BY DEALER, ALL BRAKES REPLACED IN JUNE 2000 *JB

CONTINUE ON BACK IF NEEDED

Form Approved: OMB No. 2127-0042

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National Highway Traffic Safety Administration

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Reference No.: 785360

[redacted]

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1G8ZH5281VZ22356	SATURN	SL1	1997	

Purchase Dat		Engine Size	
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L 4CYL 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 ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
13160000	STRUCTURE:FRAME:MEMBERS AND BODY:OTHER PARTS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	13-MAR-2001 65000 Mileage at Failure(s)_____	☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

TORQUE AXIS MOUNT REPLACED BY DEALER. *JB

CONTINUED ON REVERSE