



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 120

Date Received

07-JAN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8001712

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 or driver's side door)		Vehicle Make SATURN	Vehicle Model L200	Vehicle Year 2002	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection	
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 _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09002000	Part Name(s) LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 0	Dates of Failure(s) 05-DEC-2001 Mileage at Failure(s) 5700 Vehicle Speed at Failure(s) 0	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
---	--	---	--------------------------------------	--------------------------	--

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

HEADLIGHTS WERE FICKERING. THEY DIM EDAND WENT BACK TO NORMAL SEVERAL TIMES.*AK

COPIES OF THIS FORM ARE:

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 120 Date Received: <u>02 MAR - 6 AM</u> <u>07-JAN-2002</u> OFFICE DEFECTS INVESTIGATION Od_or rt_dt _____ pdnt up_tr _____ Reference No. 8001712 Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) 			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of a signature, your name and address to the vehicle manufacturer. Signature of Owner _____		YES ☐ NO ☒ Date <u>1/22/02</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
<u>168JT54F0Y521949</u>	<u>SATURN</u>	<u>L200</u>	<u>2002</u>
Purchase Date <u>10-17-01</u>	Dealer's Name <u>Saturn of Fond du Lac</u>		Engine Size (CID/CCA) <u>2.2L</u>
☒ New ☒ Used	City <u>Fond du Lac</u> State <u>WI</u> Zip Code <u>54937</u>		No. Cylinders <u>4</u>
Transmission Type ☒ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☒ Driverside Airbag ☒ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Turbo Diesel ☒ Gas Fuel Injection Cruise Control ☒ Yes ☐ No
Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>09002000</u>	Part Name(s) <u>LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS</u>	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures <u>0</u> <i>Numerous</i>	Date(s) of Failure(s) <u>05-DEC-2001</u> Mileage at Failure(s) <u>5700</u> Vehicle Speed at Failure(s) <u>0</u>		Failed Part(s) ☐ Yes ☐ No NHTSA Previously ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>
Estimated Property Damage		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
HEADLIGHTS WERE FLICKERING. THEY DIMMED AND WENT BACK TO NORMAL SEVERAL TIMES. *AK This Has Occurred As Many As 9 Times In A Row but Usually 1 to 3 times In A Cycle. It Appears As If The Charging System Quits And Starts Again But No Dash Indicator Comes On. There Is No Pattern As To When It Will Happen.			
CONTINUE ON BACK IF NEEDED			
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.			