



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 252

Date Received

11-MAR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8005346

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) <small>(Location at bottom of and/or above windshield)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| 1G8ZF5282SZ252251 | SATURN | SL | 1995 | | | |
| Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name _____ City _____ State _____ Zip Code _____ | Engine Size (CID/CC/L) _____ No Cylinders _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | | | |
| Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag | Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____ | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____ |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|---|--|--|
| Component 01000000 | Part Name(s) STEERING | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failure | Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____ | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|---|

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

WHILE PARKING VEHICLE HEARD A CLUNKING NOISE. COMING FROM UNDERNEATH THE VEHICLE.
WITHOUT PRIOR WARNING STEERING WENT OUT. DEALERSHIP IS AWARE OF PROBLEM.*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.



Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 NATIONWIDE 1-888-DASH-2DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

OWNER INFORMATION (Type or Print)

DATE RECEIVED: 08 APR 2008
 11-MAR-2008
 OFFICE OF DEFECTS INVESTIGATION
 REFERENCE NO. 8005348

SUNNYVILLE CA 94278
 Home Number: [REDACTED]
 Work Number: [REDACTED]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 YES NO
 Signature of Owner: [REDACTED]
 Date: 4/11/08

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 1G8ZF528292262251
 Vehicle Mark: SATURN
 Vehicle Mode: SL
 Vehicle Year: 1995
 Current Odometer Reading: [REDACTED]

Purchase Date: 1/20/95
 Dealer's Name: SATURN OF SUNNYVILLE
 City: SUNNYVILLE State: CA Zip Code: 94278
 Engine Size (CID/CC): 191
 No. Cylinders: 4
 Fuel Injection: Gas Diesel Turbo

Transmission Type: Manual Automatic
 Restraint System: 3-Point Belt 2-Point Belt Motorbelt
 Driver's Side Airbag: Passenger's Side Airbag:
 Cruise Control: Yes No
 Drive Type: Front Rear 4-Wheel
 Vehicle Type: Car Van Minivan Other
 Body Style: Sport Utility Truck Station Wagon Pick Up Truck

Component: 01000000
 Part Name(s): STEERING
 Location: Left Right
 Failed Part(s): Original Replacement

No. of Failures: [REDACTED]
 Dates of Failure(s): 09-MAR-2002
 Mileage at Failure(s): 108992
 Vehicle Speed at Failure(s): [REDACTED]
 Failed Part(s): Yes No
 Previously Failed Part(s): 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: [REDACTED]
 Number of Fatalities: [REDACTED]
 Estimated Property Damage: [REDACTED]
 Reported to Police: Yes No

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

WHILE PARKING VEHICLE HEARD A CLUNKING NOISE, COMING FROM UNDERNEATH THE VEHICLE. WITHOUT PRIOR WARNING STEERING WENT OUT. DEALERSHIP IS AWARE OF PROBLEM. AK PROBLEM WAS INTERMITTENT FAILURE IN STEERING BOX THERE WAS A PREVIOUS RECALL FOR THIS YEAR CAR. (NHTSA ID # 94V170000) FOR THIS YEAR CAR. IT DID NOT APPLY TO THIS VIN #, THIS IS A LEFT SERIOUS PROBLEM AND THE RECALL SHOULD

CONTINUE ON BACK IF NEEDED

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**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

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