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 241	
Date Received	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ np_ltr ____ ____
08-APR-2002	Reference No. 8007045

[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
PLEASE FILL IN	SATURN	SL2	1993	

Purchase Dat		Engine Size	
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L ____ 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
03250000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s) 15-OCT-2000 Mileage at Failure(s 50000 Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
		☐ 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)

ABS LIGHT WAS COMING ON AND GOING OFF INTERMITTENTLY, CURRENTLY, ABS LIGHT REMAINS ON WHILE DRIVING, AND CAUSES ABS TO BE NON OPERATIONAL. DEALER WAS NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUED ON REVERSE

Form Approved: O.M.B. No. 2127-0008

DOT Auto Safety Hotline

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

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Received: 08-APR-2002
RECEIVED 02 MAY 11 AM 11 OFFICE OF DEFECTS INVESTIGATION

Od_or ______
rt_dt ______
od_rt ______
up_tlr ______

Reference No. 8007045

OWNER INFORMATION (Type or Print)

[redacted] 747277

Work Number
Home N[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a[redacted]*rovide your name and address to the vehicle manufacturer.*

Signature of Owner [redacted] Date __/__/__

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
PLEASE FILL IN 1G8ZK5573PZ111??	SATURN	SL2	1993	50092

Purchase Date: ☐ New ☒ Used

Dealer's Name: Saturn-Kings Auto Mall
City: Cinti State: Ohio Zip Code: 45249

Engine Siz (CID/CC/L ____ ; 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 ☐ Van ☐ Minivan ☐ Other ____ ☐ Sport Uti ☐ Truck ☐ Motorcycle	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
03250000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM ABS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage / Speed	Failed Part(s)	NHTSA Previously
	Date(s) of Failure(s) 15-OCT-2000; Mileage at Failure(s) ~~50000~~ 48000; Vehicle Speed 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 Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

ABS LIGHT WAS COMING ON AND GOING OFF INTERMITTENTLY, CURRENTLY, ABS LIGHT REMAINS ON WHILE DRIVING, AND CAUSES ABS TO BE NON OPERATIONAL. DEALER WAS NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

COMPUTER FOUND ERROR Between P.C.M AND THE ABS CONTROLLER
IF CODE RESETS WILL NEED TO REPLACE ABS CONTROLLER SAP PART

CONTINUE ON BACK IF NEEDED