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: 10-APR-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8007295

[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.) (Location of number on vehicle)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1G8JU52F9YY647267	SATURN	SL1	2000	

Purchase Dat: ☒ New ☐ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (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
02420000	SUSPENSION:SINGLE AXLE:REAR:CONTROL ARM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	04-APR-2002		
	Mileage at Failure(s 31280	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

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)

WHILE DRIVING 55 MPH OR MORE VEHICLE WOULD VIBRATE. VEHICLE TAKEN TO DEALER ,AND INFORMED THAT REAR CONTROL ARM BUSHING NEEDED TO BE REPLACED. *AK

CONTINUED ON REVERSE

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

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

DOT Auto Safety Hotline
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
02 JUN 17 P12:
10-APR-2002
OFFICE
DEFECTS INVESTIGATION

Od_or
rt_dl
od_rt
up_ltr

Reference No.
8007295

[redacted] 747688
19438 PREST STREET
DETROIT MI [redacted]

Work Number [redacted]
Home Number

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.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1G8JU52F9YY647267	SATURN	SL4 LS1	2000	

Purchase Date 7/3/00 ☒ New ☐ Used

Dealer's Name Saturn of Southfield
City Southfield State MI Zip Code 48034

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
☒ Manua ☐ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Uti ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
02420000	SUSPENSION:SINGLE AXLE:REAR:CONTROL ARM	☐ Left ☐ Right ☐ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures

Date(s) of Failure(s) 04-APR-2002
Mileage at Failure(s) 31280
Vehicle Speed at Failure(s) _____

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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

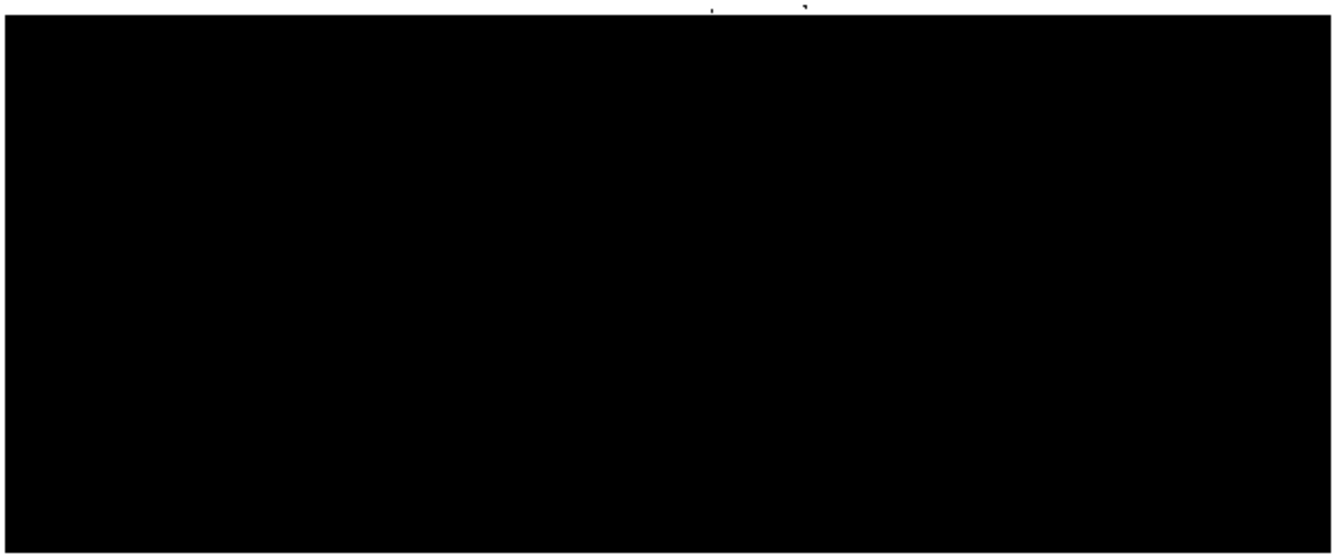
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

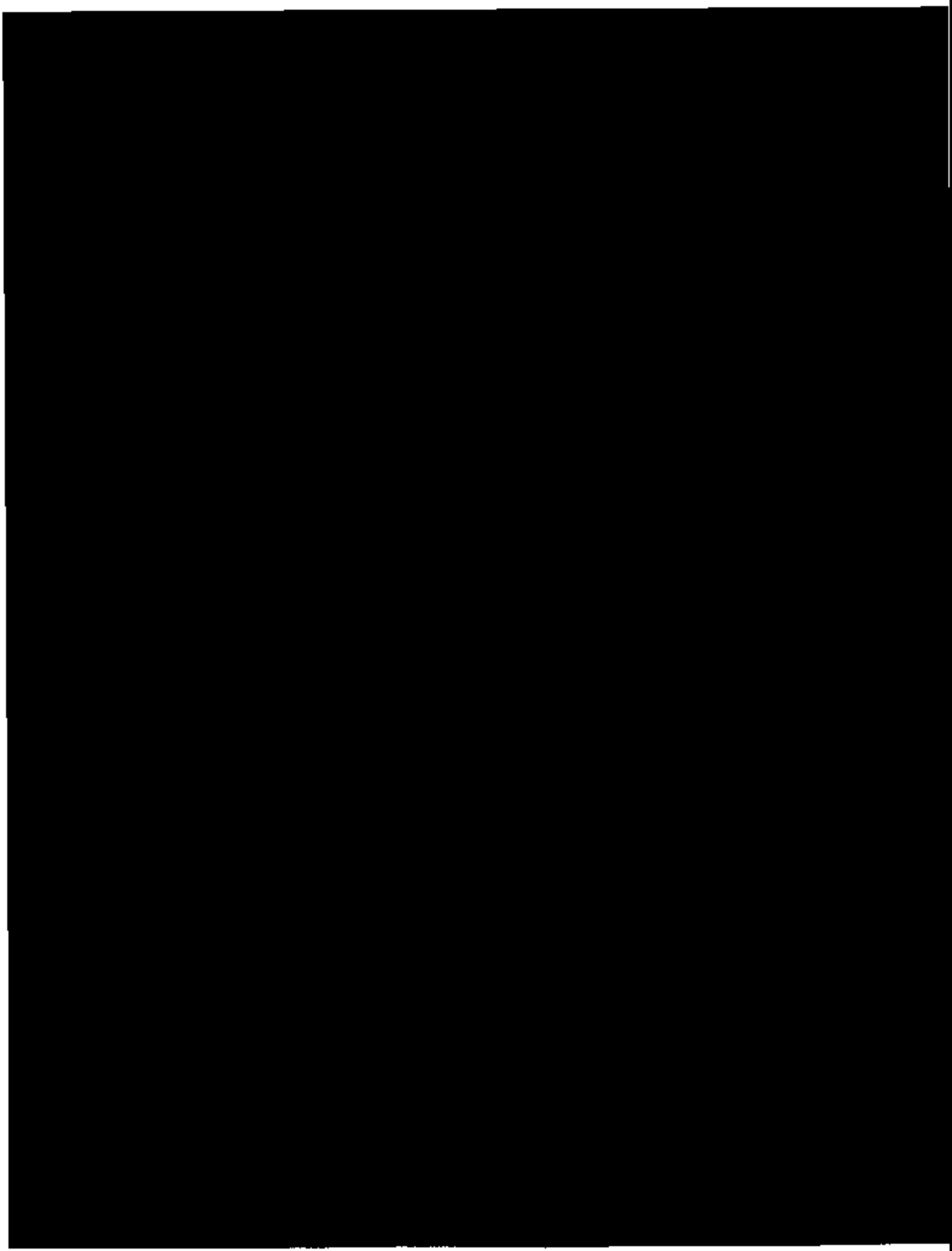
WHILE DRIVING 55 MPH OR MORE VEHICLE WOULD VIBRATE. VEHICLE TAKEN TO DEALER ,AND INFORMED THAT REAR CONTROL ARM BUSHING NEEDED TO BE REPLACED. *AK

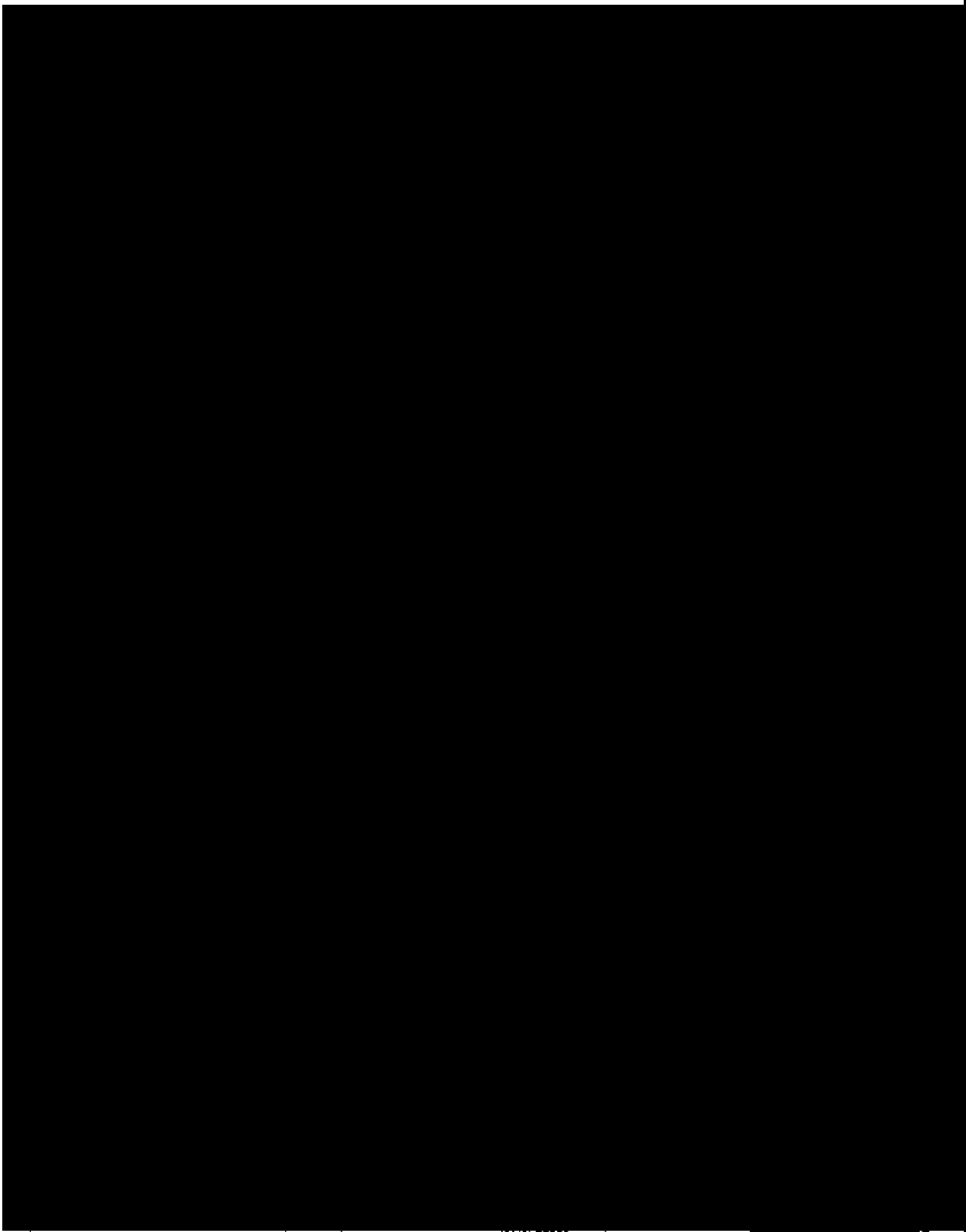
CONTINUE ON BACK IF NEEDED

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)

(Page 1 through Page 9)



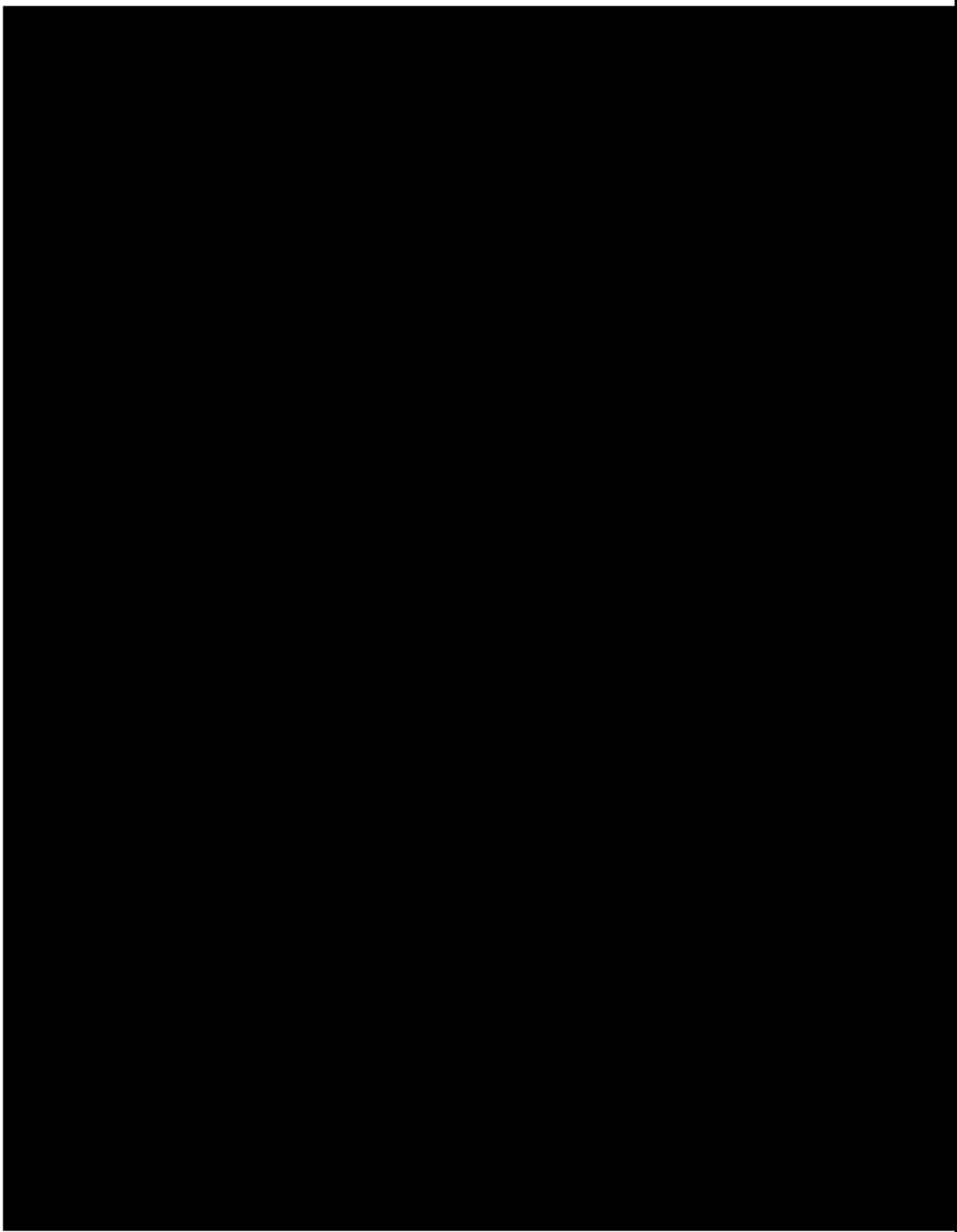




[redacted]

parts are warranted for 12 months or 12,000 miles, whichever occurs first. Except for abuse.

X _____
Customer Signature



SATURN

SATURN OF SOUTHFIELD

29929 Telegraph Road
Southfield, MI 48034
(248) 354-6001

SERVICE INVOICE

State Registry No: F142014

Sold To:

Dana L. Thomas
19438 Prest
Detroit MI 482352024

Business Phone: (313) 863-7663
Home Phone: (734) 763-2005

Service Order Number	Service Advisor	VIN
153522	ROBERT MCCLAIN	1G8JU52F9YY647267

Color	Year	Make/Model	License	Engine	Stk.#
DARK BLUE	2000	SATURN LS1		L61 2.2LL4	00506

Mileage In/Out	Tag	Delivery Date		Doc. Count	Plan
24575 / 24576	11	7/03/2000		1	

Tax Exempt	Date/Time In	Date/Time Out
	12/08/2001 9:34	12/08/2001 9:59

RATE: 70.0(

LINE 1 24,000 MILES MAINT

REPAIR 1 TOP OFF ALL FLUIDS
OPCODE: M5005 SALE TYPE: CASH - GM $.0(
PRIMARY TECH: Willem Opperman T235038

REPAIR 2 CHECK AND/OR ADJUST TIRE PRESSURE (ALL)
OPCODE: M5008 SALE TYPE: CASH - GM $.0(

REPAIR 3 CHANGE ENGINE OIL AND FILTER
OPCODE: M5010 SALE TYPE: CASH - GM $14.1(
HRS: .30

PARTS	DESC	FP	QTY	PRICE	SALE TYPE	
SN	22685727 FILTER OI	N	1	4.990	CASH - GM	$4.9(
OT	5W-30 5 W-30 VA	N	5	1.500	CASH - GM	$7.5(

REPAIR 4 INSPECT AXLE BOOTS, SUSPENSION BUSHINGS AND BALL JOINT SEALS
OPCODE: M5015 SALE TYPE: CASH - GM $.0(

REPAIR 5 INSPECT EXHAUST SYSTEM AND SHIELDS
OPCODE: M5020 SALE TYPE: CASH - GM $.0(

LINE TOTAL $26.6(

LINE 2 CUSTOMER STATES HEARING A RATTLING/SQUEAKING ABOVE CLUSTER THAT GOES AWAY UPON PRESSURE

TECH COMM: TEST DROVE VEHICLE
COULD NOT DUPLICATE CONDITION FOR ADAMANT REPAIRS AT THIS TIME

REPAIR 1 INFORMATION LINE
OPCODE: M5300 SALE TYPE: CASH - GM $.0(

PRIMARY TECH: Willem Opperman T235038

Disclaimer of Warranties

The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes

Service Repairs Checked and Approved By: X