

 DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY</b> 1375 Date Received: <u>JAN 16 PM 7:00</u> <u>14-NOV-2002</u> OFFICE DEFECTS INVESTIGATION	
<b>OWNER INFORMATION (Type or Print)</b> CHICAGO L		Reference No. 8022772	
Do you authorize NHTSA in the absence of an Signature of Owner _____		Manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Your name and address to the vehicle manufacturer. Date <u>11/8/02</u>	
VEHICLE INFORMATION			
Vehicle Identification No. (VIN) (Located on front of windshield on driver's side) <b>1G6ZF12828Z129431</b>	Vehicle Make <b>SATURN</b>	Vehicle Model <b>SC1</b>	Vehicle Year <b>1995</b>
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's Name <u>SATURN of SOUTH HOUSTON</u> City <u>SOUTH HOUSTON</u> State <u>TX</u> Zip Code _____	Current Odometer Reading <u>134,000</u>
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel		Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input checked="" 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 <b>12310000</b>	Part Name(s) <b>INTERIOR SYSTEMS:SEAT TRACKS AND ANCHORS</b>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) <u>01-AUG-2002</u> Mileage at Failure(s) _____ Vehicle Speed at Failure(s) <u>ACCELERATION</u>	Failed Part(s) Available? <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 Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<b>WHEN ACCELERATING WHILE DRIVING BOTH THE DRIVER AND PASSENGER FRONT SEATS SHIFT BACKWARD AFFECTING CONSUMER'S CONTROL OF VEHICLE. MR</b>			

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.