



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](http://www.nhtsa.dot.gov/hotline)

**FOR AGENCY USE ONLY** 118

Data Received

21-JAN-2000

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

855328

**OWNER INFORMATION (Type or Print)**

STEVE

BERTALAN

586018

|   |   |   |  |
|---|---|---|--|
| <br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration | DOT Auto Safety Hotline<br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline | <b>FOR AGENCY USE ONLY</b> 118<br>Date Received: FEB 28 AM 7:16<br>21-JAN-2000<br>OFFICE OF DEFECTS INVESTIGATION | Od_or _____<br>rt_dt _____<br>od_rt _____<br>up_Rr _____ |
|   | <b>OWNER INFORMATION (Type or Print)</b><br>[Redacted] 586018   | Reference No. 855328  |  |

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of your signature, this report will be sent to the manufacturer.  
 Signature of Owner: [Redacted] Date: 10/02/2000

| VEHICLE INFORMATION  |   |  |  |  |
|--|---|--|--|--|
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br>1G8ZK6272SZZ73118   | Vehicle Make<br>SATURN  | Vehicle Model<br>SL2   | Vehicle Year<br>1995   | Current Odometer Reading<br>102367 KH.   |
| Purchase Date<br>FEB. 1995<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Used  | Dealer's Name: LANSDOWN SATURN<br>City: RICHMOND State: R.C. Zip Code: _____              |  | Engine Size (CID/CC/L) _____<br>No. Cylinders: 4   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic  | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                      |
| Vehicle Type<br><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |   | Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                       |  |  |

| FAILED COMPONENT(S)/PART(S) INFORMATION |   |  |  |
|---|---|--|--|
| Component<br>07301000                   | Part Name(s)<br>POWER TRAIN: TRANSMISSION: AUTOMATIC: INTERLOCK SYSTEM                                    | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures _____                    | Date(s) of Failure(s): 28-DEC-1999<br>Mileage at Failure(s): 101470<br>Vehicle Speed at Failure(s): _____ | Failed Part(s) Available?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously Contacted?<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                 | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured _____ | Number of Fatalities _____ | Estimated Property Damage _____ | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

DRIVER IS ABLE TO MOVE THE GEAR SHIFT LEVER IN ANY POSITON WITHOUT APPLYING THE BRAKES WITH OR WITHOUT THE IGNITIN BEING ON. PROBLEM WAS REPORTED TO THE DEALERSHIP. PROBLEM WAS CORRECTED AT OWNER'S EXPENSE. PLEASE PROVIDE ANY FURTHER INFORMATION. \*AK HARSH SHIFTING, SURBING, AND/OR DELAY WHEN VEHICLE IS SHIFTED INTO GEAR. COMBINED WITH BEING ABLE TO SHIFT INTO GEAR WITHOUT DEPRESING THE BRAKE, IT MAKES FOR AN EXTREEMLY HAZARDOUS SITUATION.

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.