

U.S. Department
of TransportationNational 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 119

Date Received

16-MAR-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

858665

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>(Listed at front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G8ZF5284SZ111116	SATURN	SL	1995	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 05150000	Part Name(s) ENGINE:OTHER PARTS	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
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER NOTICED AN OIL LEAK AT THE ENGINE CYLINDER HEAD. ALSO, ENGINE CYLINDER HEAD WAS CRACKED. A TSB WAS ISSUED ON THE SAME PROBLEM. DEALER AND MANUFACTURER REFUSED TO CORRECT THE PROBLEM. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK PLEASE

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.



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Vehicle Owner's Questionnaire (VOQ)

OWNER INFORMATION (Type or Print)
 596977
 Home Number

FOR AGENCY USE ONLY
 119
 Date Received
 on APR - 3 PM 1:20
 16-MAR-2000
 OFFICE
 SPECIAL INVESTIGATION
 858685
 Home Number
 Work Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized representative, please provide your name and address to the vehicle manufacturer.
 Signature of Owner

VEHICLE INFORMATION

Vehicle IDENT. No. (VIN) 1G8ZF52845Z111116
 Vehicle Make SATURN
 Vehicle Model SL
 Vehicle Year 1995
 Current Odometer Reading

Purchase Date
 Dealer's Name Satan Sales of Hicksville
 City Hicksville State NY Zip Code 11801
 Engine Size (CID/CYL) 1.9 No Cylinders 4
 Turbo Diesel Gas Fuel Injection

Transmission Type Automatic Manual
 Antilock Brakes Yes No
 Restraint System 3-Point Belt Motorized 2-Point Belt Passenger-side Airbag
 Cruise Control Yes No
 Drive Train Front Rear 4-Wheel
 Vehicle Type Car Van Truck Motorcycle Other
 Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION
 Component 05180000
 Part Name(s)
 Location Front Rear Right Left
 Failed Part(s) Original Replacement
 No of Failures 2 for this defect
 Date(s) of Failure(s) 2/9/2000
 Mileage at Failure(s) 60,000
 Vehicle Speed at Failure(s)
 Failed Part(s) Available? Yes No
 NHTSA Previously Contacted? 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
 Number of Fatalities
 Estimated Property Damage
 Reported to Police Yes No

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

CONSUMER NOTICED AN OIL LEAK AT THE ENGINE CYLINDER HEAD. ALSO, ENGINE CYLINDER HEAD WAS CRACKED. A TSB WAS ISSUED ON THE SAME PROBLEM. DEALER AND MANUFACTURER REFUSED TO CORRECT THE PROBLEM. PLEASE PROVIDE ANY FURTHER DETAILS. AK See attached records indicating defect with vehicle a service records verifying that the problem exists

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.

CONTINUE ON BACK IF NEEDED

Saturn Corporation
100 Saturn Parkway
P.O. Box 1500
Spring Hill, TN 37174-1500



June, 1999

1G8ZF5284SZ111116

A large black rectangular redaction box covering several lines of text.

Dear Saturn Owner:

We are writing to let you know of a Special Policy relating to 1994 through 1996 Saturn vehicles equipped with 1.9L Single Over Head Cam (SOHC) engines.

Certain Saturn vehicles equipped with 1.9L SOHC engines may develop a crack internal to the cylinder head. Early evidence of this would be abnormal discoloration within the coolant reservoir, and/or the engine may run hot.

As a result, this Special Policy provides cylinder head coverage for a period of six years from the date the vehicle was originally placed in service, or 100,000 miles, whichever occurs first. The policy covers both the original owner, and any subsequent owners for the six-year/100,000 mile duration. Please keep this letter with your other important glovebox literature for further reference.

This is not a recall campaign. At this time, it is not necessary to take your vehicle to your Saturn Retailer as a result of this letter. However, if you believe that your vehicle exhibits one of the conditions described above, please contact your Saturn Retailer for assistance.

If your vehicle should develop a cylinder head crack within six-years/100,000 miles, whichever comes first, Saturn will repair your vehicle at no charge. A Saturn Retailer must perform repairs qualifying for this special coverage, and the time needed to replace a cylinder head is approximately ten (10) hours. Due to scheduling and processing time, your Retailer may need to keep your vehicle overnight.

You will be eligible for reimbursement if you have already paid for some or all of the cost to have the cylinder head replaced, and your vehicle was within the six-year/100,000 mile parameter at the time of the repair.



If you have already paid for some or all of the cost to have the cylinder head replaced, and the repair was performed by a Saturn retail facility, contact your Saturn Retailer to discuss reimbursement. The facility will have all the necessary documentation to process your reimbursement.

If the cylinder head was replaced by a non-Saturn facility, you should contact the Saturn Customer Assistance Center at 1-800-553-6000, prompt 3; or for the hearing impaired, 1-800-833-6000. You will need to provide your original paid receipts or invoices verifying the repair, proof of payment, and proof of ownership of the vehicle at the time of the repair.

We sincerely regret any inconvenience this may cause you. However, we have taken this action in the interest of your continued satisfaction with our product. If you have any questions, please contact your Saturn Retailer or the Saturn Customer Assistance Center. We want you to know that we will do our best, throughout your ownership experience, to ensure that your Saturn provides you many miles of enjoyable driving.

Sincerely,

Saturn Corporation
99P01



BI-COUNTY SATURN LLC
D/B/A
SATURN SERVICE OF HICKSVILLE

125 West John St
Hicksville, NY 11801
(516) 881-1212
NYSFAC# 7061201

SERVIC
INVOIC

NYB FAC# 7061201

SO# 23366 DATE/TIME IN: 2/09/2000 13:54 DATE/TIME OUT: 2/09/2000 14:19
SA: CORISSA CLOSE DOC COUNT: 1 PAGE: 1



1G8ZF5284SZ111116
1995 SATURN SL MEDIUM RED
ENGINE: L24 1.9LL4

MILES IN/OUT 60000 /
SVC DATE: 8/24/199

LINE 1 CUSTOMER STATES/ CHECK FOR A CRACKED HEAD AS PER L EST.: \$.0
ETTER

TECH COMM: NO CRACK IN CYLINDER HEAD- COOLANT GOOD- NO SIGNS
OF CONTAMINATION IN COOLANT ALL OK--
OIL LEAK FROM HEAD GASKET. CUSTOMER TO CALL CUSTOM
ER SERVICE # 800-553-6000.

REPAIR 1 COMPREHENSIVE VEHICLE TEST
OPCODE: M5003 SALE TYPE: CASH - GM \$.0
PRIMARY TECH: 025

LINE 98 COMPLIMENTARY CAR WASH COUPON EST.: \$.0

REPAIR 1 COURTESY CAR WASH
OPCODE: M5088 SALE TYPE: CASH - GM \$.0
PRIMARY TECH: 990

HAVE A SAFE, HEALTHY & HAPPY NEW YEAR FROM YOUR SERVICE TEAM

CUSTOMER SIGNATURE _____ CUSTOMER TOTAL \$.0

<p>Disclaimer of Warranties The Seller, hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.</p>	<p>TERMS: STRICTLY CASH CERTIFIED CHECK OR APPROVED CREDIT CARD.</p>	<p>A STORAGE CHARGE OF \$10.00 PER DAY BEGINS 24 HOURS AFTER NOTIFICATION OF COMPLETED WORK.</p>
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