

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

197

Date Received

02-MAY-2000

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

Reference No.

861284

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G8ZJ8577PZ193711	SATURN	SW2	1993	

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

Transmission Type <input type="checkbox"/> Manual <input 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 type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Inertial Bell <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Utility Truck Motorcycle <input type="checkbox"/>	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13100000	Part Name(s) STRUCTURE:FRAME:MEMBERS AND BODY	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 0	Date(s) of Failure(s) 02-MAY-2000 Mileage at Failure(s) 124724 Vehicle Speed at Failure(s) 0	Failed Part(s) Available?   Yes   No	NHTSA Previously Contacted?   Yes   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 0	Number of Fatalities 0	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)

BRACKET UNDER THE PASSENGER'S SIDE WAS BROKE AND RUSTED, AND WAS STILL HOLDING BY A PLATE. \*AK

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY 187</b></p> <p>Date Received <b>RECEIVED</b> 02-MAY-2000</p> <p>OFFICE OF DEFECTS INVESTIGATION 861284</p>			
<p>OWNER INFORMATION (Type or Print)</p>							
<p>[Redacted]</p>					<p>606685</p>		
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>							
<p>Signature of Owner _____</p>					<p>Date <u>05/13/00</u></p>		
<p align="center"><b>VEHICLE INFORMATION</b></p>							
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)</p> <p>1G8ZJ8577PZ183711</p>		<p>Vehicle Make</p> <p>SATURN</p>	<p>Vehicle Model</p> <p>SW2</p>	<p>Vehicle Year</p> <p>1993</p>	<p>Current Odometer Reading</p> <p>124,945</p>		
<p>Purchase Date</p> <p>MAY 1993</p>		<p>Dealer's Name <u>SATURN OF ALBANY</u></p>		<p>Engine Size (CID/CC/L) _____</p>	<p><input type="checkbox"/> Turbo Diesel Gas Fuel Injection</p>		
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>City <u>ALBANY</u> State <u>NY</u> Zip Code <u>12205</u></p>		<p>No Cylinders <u>4</u></p>	<p><input checked="" type="checkbox"/> Fuel Injection</p>		
<p>Transmission Type</p> <p><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train</p> <p><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p>
<p align="center"><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>							
<p>Component</p> <p>13100000</p>	<p>Part Name(s)</p> <p>STRUCTURE:FRAME:MEMBERS AND BODY</p>		<p>Location</p> <p><input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>		
<p>No. of Failures</p> <p>0</p>	<p>Date(s) of Failure(s) <u>02-MAY-2000</u></p> <p>Mileage at Failure(s) <u>124724</u></p> <p>Vehicle Speed at Failure(s) <u>0</u></p>		<p>Failed Part(s) Available?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>NHTSA Previously Contacted?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p align="center"><b>APPLICATION INCIDENT INFORMATION</b></p> <p>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>							
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>0</p>	<p>Number of Fatalities</p> <p>0</p>	<p>Estimated Property Damage</p> <p>None</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p align="center"><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p>							
<p>BRACKET UNDER THE PASSENGER'S SIDE WAS BROKE AND RUSTED, AND WAS STILL HOLDING BY A PLATE. *AK</p> <p>THE BRACKET HOLDS THE ANTI-LOCK BRAKE ELECTRICAL WIRE AWAY FROM OTHER WHEEL ASSEMBLY TO PREVENT CHAFING AND FAILURE OF THE WIRE. THE RIVET (ONE ONLY) HAD BROKEN AND THE WIRE INSULATION WAS RUBBED. THE WIRE COVERING HAD NOT BEEN BREACHED.</p>							
<p align="right">CONTINUE ON BACK IF NEEDED</p>							
<p>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 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.</p>							

