

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 252

Date Received

22-SEP-2000

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

Reference No.

871302

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.)<br><small>(located at bottom of windshield or on vehicle)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G8ZK8277VZ356517   | SATURN       | SW2           | 1997         |                          |

|   |                                       |                             |  |
|---|---------------------------------------|-----------------------------|--|
| Purchase Date   | Dealer's Name _____                   | Engine Size (CID/CCL) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" 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<br><input type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driver Side Airbag<br><input type="checkbox"/> Passenger Side Airbag<br><input type="checkbox"/> Inflation<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel<br><input type="checkbox"/> 2-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Util Truck<br><input type="checkbox"/> Motorcycle | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Station Wagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |  |  |   |
|-----------------------|--|--|---|
| Component<br>03214000 | Part Name(s)<br>BRAKES:HYDRAULIC:OTHER | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|-----------------------|--|--|---|

|                 |   |   |   |
|-----------------|---|---|---|
| No. of Failures | Date(s) of Failure(s) 15-SEP-2000<br>Mileage at Failure(s) 37688<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br>  Yes   No | NHTSA Previously Contacted?<br>  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<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)

SHE WAS TRAVELING 40MPH ON THE HIGHWAY SHE WAS APPROACHING A STOP LIGHT. WHEN SHE APPLY HER BRAKES THE PEDAL WAS HARD AND THE VEHICLE WOULDN'T STOP.

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.

| DOT Auto Safety Hotline  |  |   |  | FOR AGENCY USE ONLY 252   |  |
|--|--|---|--|---|--|
|  U.S. Department of Transportation<br>National Highway Traffic Safety Administration  |  | <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  |  | Date Rec'd: <u>22-SEP-2000</u><br>OFFICE DEFECTS INVESTIGATION  |  |
| OWNER INFORMATION (Type or Print)  |  |   |  | Reference No.   |  |
| [REDACTED]   |  |   |  | 871302  |  |
| [REDACTED]   |  |   |  | Work Number   |  |
| [REDACTED]   |  |   |  | Home Number   |  |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.   |  |   |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| Signature of Owner: [REDACTED]   |  |   |  | Date: <u>11/09/00</u>   |  |
| VEHICLE INFORMATION  |  |   |  |   |  |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)  |  | Vehicle Make  | Vehicle Model  | Vehicle Year  | Current Odometer Reading   |
| 1G8ZK8277VZ356517  |  | SATURN  | SW2  | 1997  |  |
| Purchase Date  | Dealer's Name  |   | Engine Size (CID/CC/L)   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |  |
| 8-1998   | Saturn of Reno   |   |  |   |  |
| <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used   | City   | State   | Zip Code   | No Cylinders  |  |
| Reno   | NV   | 89509   | 4  |   |  |
| Transmission Type  | Antilock Brakes  | Restraint System  |  | Cruise Control  | Drive Train  |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                       | <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | <input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel   |
| Vehicle Type   | Body Style   |   |  |   |  |
| <input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other  | <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle |   |  |   | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input checked="" type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |
| FAILED COMPONENT(S)/PART(S) INFORMATION  |  |   |  |   |  |
| Component  | Part Name(s)   |   | Location   | Failed Part(s)  |  |
| 03260000   | BRAKES:HYDRAULIC: <del>MASTER CYLINDER</del><br>master cylinder  |   | <input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | <input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement  |  |
| No of Failures   | Date(s) of Failure(s)  |   | Mileage at Failure(s)  | Vehicle Speed at Failure(s)   | Failed Part(s) Available?  |
|  | 15-SEP-2000  |   | 37888  | 30 mph →  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
|  |  |   |  |   | NHTSA Previously Contacted?  |
|  |  |   |  |   | <input type="checkbox"/> Yes <input checked="" 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  | Fire   | Number of Persons Injured   | Number of Fatalities   | Estimated Property Damage   | Reported to Police   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | 0   | 0  | 0   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)  |  |   |  |   |  |
| CONSUMER WAS TRAVELING <sup>30</sup> 40MPH ON HIGHWAY AND WAS APPROACHING A STOP LIGHT WHEN SHE APPLIED BRAKES, AND BRAKE PEDAL WAS HARD AND VEHICLE WOULDN'T STOP. *AK<br>↳ gushy + went all the way to the floor   |  |   |  |   |  |
| 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 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. |  |   |  |   |  |