

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

06-NOV-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

874501

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 drivers side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G8ZK5271SZ218496 | SATURN | SL2 | 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 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 <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"/> Motorbell <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 12364000 | Par. Name(s) INTERIOR SYSTEMS:BUCKET:BACK REST | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No. of Failures 0 | Date(s) of Failure(s) 01-AUG-2000 Mileage at Failure(s) 10028 Vehicle Speed at Failure(s) 0 | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <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 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 |
|--|---|--------------------------------|---------------------------|---------------------------|---|

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

SEATBACK RECLINER FALLS BACK WHEN HE GETS INTO VEHICLE. CONSUMER CONTACTED SATURN, AND HIS VEHICLE WAS OUT WARRANTY. *AK

CONTINUED ON BACK (REVERSE)

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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OWNER INFORMATION (Type or Print)

653779

WORK NUMBER
[Redacted]

HOME NUMBER
[Redacted]

Signature of Owner
[Redacted]

Date: 11/20/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) [Redacted]

Vehicle Make: SATURN

Vehicle Model: SL2

Vehicle Year: 1995

Current Odometer Reading: 128400

Purchase Date: [Redacted]

Dealer's Name: [Redacted]

City: [Redacted]

State: [Redacted]

Zip Code: [Redacted]

Engine Size (CID/CC): 1.9L / 4

Engine Type: Gas

Transmission Type: Manual

Antilock Brakes: Yes

Restraint System: 3-Point Belt

Drive Train: Front

Vehicle Type: Car

Body Style: 4-Door

Failed Part(s): INTERIOR SYSTEMS:BUCKET:BACK REST

Component: 12364000

No of Failures: 1

Date(s) of Failure(s): 01-AUG-2000

Mileage at Failure(s): 10028

Vehicle Speed at Failure(s): 0

Failed Part(s) Available? Yes No

NHTSA Previously Contacted? Yes No

FOR AGENCY USE ONLY 252

DATE: 06-NOV-2000

OFFICE: INVESTIGATION

REFERENCE NO.: 874501

WORK NUMBER: [Redacted]

HOME NUMBER: [Redacted]

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

Number of Persons Injured: 0

Estimated Property Damage: 0

Reported to Police: Yes No

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

SEATBACK RECLINER FALLS BACK WHEN HE GETS INTO VEHICLE. CONSUMER CONTACTED SATURN, AND HIS VEHICLE WAS OUT WARRANTY. AK

COST FOR REPAIR WAS \$13625 (SATURN PAID 6810)

CONTINUE ON BACK IF NEEDED

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