

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 117</p> <p>Date Received 26-DEC-2000</p>		<p>Od_or _____ rt_dt _____ od_rt _____ up_itr _____</p>	
<p>OWNER INFORMATION (Type or Print)</p>				<p>Reference No. 877008</p>		<p>Work Number _____ Home Number _____</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input 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 _____/_____/_____</p>			
<p>VEHICLE INFORMATION</p>							
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)</p> <p>FILL IN</p>		<p>Vehicle Make SATURN</p>	<p>Vehicle Model SL</p>	<p>Vehicle Year 1993</p>	<p>Current Odometer Reading _____</p>		
<p>Purchase Date _____</p>	<p>Dealer's Name _____</p>			<p>Engine Size (CID/CC/L) _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p>		
<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>City _____ State _____ Zip Code _____</p>		<p>No Cylinders _____</p>				
<p>Transmission Type <input type="checkbox"/> Manua <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input 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 <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>							
<p>Component 12330000</p>	<p>Part Name(s) INTERIOR SYSTEMS:SEAT:MATERIAL</p>			<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	
<p>No of Failures _____</p>	<p>Date(s) of Failure(s) _____ Mileage at Failure(s) 90 Vehicle Speed at Failure(s) _____</p>			<p>Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>							
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured _____</p>	<p>Number of Fatalitie _____</p>	<p>Estimated Property Damag _____</p>		<p>Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>							
<p>METAL FRAGMENT INSIDE FABRIC HAS PUNCTURED THROUGH IT ON DRIVER'S SIDE. METAL FRAGMENT JAMS INTO BACK OF DRIVER WHILE DRIVING. IT'S EXPOSED & HARD TO RECESS BACK WITHOUT RIPPING FABRIC. HAD BEEN IN CONTACT WITH MANUFACTURER. *AK</p>							
<p>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 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>							