


DOT Auto Safety Hotline		FOR AGENCY USE ONLY 117	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] 666867		Date Received 16-JAN-2001	Od_or _____ rt_dl _____ od_rt _____ up_itr _____
Signature of Owner _____ Date ____/____/____		Work Number [Redacted] Home Number [Redacted]	Reference No. 878265
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.			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN): (Located at bottom of windshield on driver's side) <b>FILL IN</b>	Vehicle Mak <b>SATURN</b>	Vehicle Mode <b>SL1</b>	Vehicle Year <b>1995</b>
Current Odometer Reading	Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____ <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Bolt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	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"/> Sport Util Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> _____ <input type="checkbox"/> Other _____	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	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12310000	Part Name(s) <b>INTERIOR SYSTEMS:SEAT TRACKS AND ANCHORS</b>	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
No of Failures	Date(s) of Failure(s): 05-JUN-2000 Mileage at Failure(s): 90 Vehicle Speed at Failure(s):	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalitie
Estimated Property Damag		Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<b>WAS AT A STOP LIGHT WHEN ANOTHER VEHICLE REARENDED SATURN. UPON IMPACT, DRIVER'S SEAT COLLAPSED BACKWARDS. VEHICLE LURCHED FORWARD &amp; HIT VEHICLE IN FRONT. DRIVER'S HEAD HIT SEAT'S HEAD REST. EMERGENCY ROOM TREATMENT FOR KNEE &amp; BACK INJURY. *AK</b>			
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.			

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Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorized representative, please provide a return address to the vehicle manufacturer.		
Signature of Owner: [Redacted] Date: 5/15/01		
<b>VEHICLE INFORMATION</b> Vehicle Ident. No. (VIN): (Located at bottom of windshield on driver's side) <b>FILL IN (682652R1S213904)</b> Vehicle Make: <b>SATURN</b> Vehicle Model: <b>SL1</b> Vehicle Year: <b>1995</b> Current Odometer Reading: <b>98,332</b>		
Dealer's Name: <b>Saturn of St. Paul</b> State: <b>MN</b> Zip Code: <b>55112</b> City: <b>St. Paul</b> Engine Size: <b>4 Cylinders</b> Turbo: <input type="checkbox"/> Diesel: <input type="checkbox"/> Gas: <input checked="" type="checkbox"/> Fuel Injection: <input checked="" type="checkbox"/>		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b> Transmission Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Driver's Side Airbag <input checked="" type="checkbox"/> Passenger's Side Airbag <input checked="" type="checkbox"/> Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Drive Train: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel Vehicle Type: <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Body Style: <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <input type="checkbox"/> Failed Part(s): <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Original <input type="checkbox"/> Replacement		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b> Component: 12310000 Part Name(s): <b>Seat reclining component</b> Location: <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement No of Failures: _____ Date(s) of Failure(s): 05-JUN-2000 Mileage at Failure(s): 90 Vehicle Speed at Failure(s): 0 Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form) Crash: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number of Persons Injured: 3 Number of Fatalities: _____ Estimated Property Damage: \$6000.00 Reported to Police: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)</b> WAS AT A STOP LIGHT WHEN ANOTHER VEHICLE REARENDED SATURN, UPON IMPACT, DRIVER'S SEAT COLLAPSED BACKWARDS, VEHICLE LURCHED FORWARD & HIT VEHICLE IN FRONT, DRIVER'S HEAD HIT SEAT'S HEAD REST, EMERGENCY ROOM TREATMENT FOR KNEE & BACK INJURY. AK		
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