Form Approved: O.M.B. No. 2127-0038

U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY	255
Date Received: 15-FEB-2001	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ ip_ltr ____ ____
	Reference No.: 880655

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	SATURN	SW2	2001	

Purchase Date		Engine Size	
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ 2-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
07301000	POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Dates) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
		☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

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

VEHICLE WAS IN PARK. WHILE WALKING AWAY GEAR SOME HOW JUMPED INTO REVERSE AND BEGAN TO ROLL BACKWARDS TOWARDS ANOTHER VEHICLE. SATURN HAS BEEN OCNTACTED. *AK

CONTINUE ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation
National 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 255

Date Received: 15-FEB-2001

Odi_or
rt_dt
od_rt
up_ltr

Reference No. 880655

OWNER INFORMATION (Type or Print)

[redacted] 675120

Work Number

Home Numb [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of [redacted] address to the vehicle manufacturer. ☒ YES ☐ NO

Signature of Owne [redacted] Date 2/28/01

VEHICLE INFORMATION

Vehicle Ident. No. (V.I.N.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G8ZU82V1Y257899	SATURN	SW2	2001	93,000

Purchase Date: 11-3-00 ☒ New ☐ Used

Dealer's Name: Saturn of Gurnee
City: Gurnee State: IL Zip Code: 60031

Engine Size (CID/CC/L) ____ No Cylinders ____ ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☒ Driverside Airbag ☐ Motorbelt ☒ 2-Point Belt ☒ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Ut ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☐ 4-Door ☒ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
07301000	POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	☐ Left ☐ Front ☐ Right ☐ Rear	☒ Original ☐ Replacement

No of Failures: 1

Date(s) of Failure(s): 2-14-01
Mileage at Failure(s):
Vehicle Speed at Failure(s): less than 5mph

Failed Part(s) Available? ☒ Yes ☐ No

NHTSA Previously Contacted? ☒ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	0	☐ Yes ☒ No

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

VEHICLE WAS IN PARK. WHILE WALKING AWAY GEAR SOME HOW JUMPED INTO REVERSE AND BEGAN TO ROLL BACKWARDS TOWARDS ANOTHER VEHICLE. SATURN HAS BEEN OCNTACTED.

*AK

Saturn maintenance found no valid reason for reported incident that occured that day.

CONTINUE ON BACK IF NEEDED