



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 §20

Date Received

28-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

884488

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) (Locate at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G8ZJ5271VZ287311	SATURN	SL2	1997	

Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No of Failure	Date(s) of Failure(s) 26-MAR-2001 57000	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
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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	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE SEIZED WHILE DRIVING AT APPROXIMATELY 30 MPH. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

COPIES OF THIS FORM ARE:

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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Od_or _____
rt_dt _____
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Reference No.

884488

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) (Locate at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G8ZJ5271VZ287311	SATURN	SL2	1997	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	☐ 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 ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____	☐ Sport Util ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No of Failure	Date(s) of Failure(s) 26-MAR-2001 57000	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
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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	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE SEIZED WHILE DRIVING AT APPROXIMATELY 30 MPH. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

COPIES OF REPORTS - FREE - 10

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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 920

Date Received

01 APR 12 10:09

26-MAR-2001

DEFECT INVESTIGATION

Od or
rt dt
od ft
up hr

Reference No.

884488

OWNER INFORMATION (Type or Print)

683383

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

In the absence of an

Signature of Owner WILL NOT provide your name and address to the vehicle manufacturer.

☒ YES

☐ NO

Date 4/9/01

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

SL2

1997

259000

Purchase Date

Dealer's Name

Engine Size

(CID/CC/L

No. Cylinders

☐ Turbo

☐ Diesel

☐ Gas

☐ Fuel Injection

☐ New ☒ Used

City

State

Zip Code

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual

☐ Yes

☐ 3-Point Belt

☐ Motorbelt

☐ Yes

☒ Front

☐ Sport Ult

☐ Truck

☐ Automatic

☒ No

☐ Driverside Airbag

☐ 2-Point Belt

☒ No

☐ Rear

☐ 4-Wheel

☐ Motorcycle

☐ Stationwagon

☐ Pick Up Truck

☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
05100000

Part Name(s)
ENGINE

Location

☐ Left

☐ Front

☐ Right

☐ Rear

Failed Part(s)

☐ Original

☐ Replacement

No. of Failures

Date(s) of Failure(s) 26-MAR-2001

Mileage at Failure(s) 57000

Vehicle Speed at Failure(s)

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

☐ Yes ☒ No

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

VEHICLE SEIZED WHILE DRIVING AT APPROXIMATELY 30 MPH. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D D T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

Suburn did not stand by their car + traced
person missed what was the real problem

11/11/11

★ U.S.G.P.O.: 1992-623-977/6000

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

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

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