



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

26-APR-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

886838

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>(Location at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G8ZJ5574P2194040	SATURN	SL2	1993			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <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 <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <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 Truck <input type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12310000	Part Name(s) INTERIOR SYSTEMS:SEAT TRACKS AND ANCHORS	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 Failure	Date(s) of Failure(s) 15-MAR-2001 Mileage at Failure(s) 200000	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**DRIVER'S SEAT IS BECOMING DISTORTED AND TOGETHER LIKE AN ACCORDIAN. DEALERSHIP IS AWARE OF DEFECT, BUT WOULD NOT DO ANYTHING TO REPAIR SEAT BECAUSE IT IS NOT ON WARRANTY. FRAME IN BACK OF SEAT COLLAPSED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. \*AK**

CONTINUED ON 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.



U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 DOT Auto Safety Hotline  
 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

**Vehicle Owner's Questionnaire (VOQ)**

**OWNER INFORMATION (Type or Print)**  
 688798

**FOR AGENCY USE ONLY** 920

Date Received: 01 JUN 12 08:49  
 Date Received: 26-APR-2001  
 DEFECTS INV. INFORMATION  
 886838

Work Number: [Redacted]  
 Home Number: [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: [Redacted] Date: 5/1/01

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) [Redacted] (located at bottom of windshield on driver's side)  
 Vehicle Make: SATURN  
 Vehicle Model: SL2  
 Vehicle Year: 1993  
 Current Odometer Reading: [Redacted]

Purchase Date: [Redacted]  
 Dealers Name: [Redacted]  
 City: Santa Fe State: CA Zip Code: [Redacted]  
 Engine Size (CID/CYL): [Redacted]  
 No. Cylinders: [Redacted]  
 Turbo:  Diesel:  Gas:  Fuel Injection:

Transmission Type:  Manual  Automatic  
 Restraint System:  3-Point Belt  2-Point Belt  Motorbelt  Driver's Side Airbag  Passenger's Side Airbag  
 Cruise Control:  Yes  No  
 Drive Train:  Front  Rear  4-Wheel  
 Vehicle Type:  Car  Sport Util.  Truck  Minivan  Other  
 Body Style:  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component: 12310000  
 Part Name(s): INTERIOR SYSTEMS: SEAT FRAME AND ANCHORS  
 Location:  Left  Right  Front  Rear  
 Failed Part(s):  Original  Replacement  
 No. of Failures: 15-MAR-2001  
 Mileage at Failure(s): 20000  
 Vehicle Speed at Failure(s): NE

**APPLICATION INCIDENT INFORMATION**  
 (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

No. of Failures:  Yes  No  
 Available?  Yes  No  
 Failed Part(s): [Redacted]  
 NHTSA Previously Contacted?  Yes  No

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)**

Crash:  Yes  No  
 Number of Persons Injured: 0  
 Number of Failures: 0  
 Estimated Property Damage: [Redacted]  
 Reported to Police:  Yes  No

**DRIVER'S SEAT IS BECOMING DISTORTED AND TOGETHER LIKE AN ACCORDIAN. DEALERSHIP IS AWARE OF DEFECT, BUT WOULD NOT DO ANYTHING TO REPAIR SEAT BECAUSE IT IS NOT ON WARRANTY. FRAME IN BACK OF SEAT COLLAPSED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. AK**

CONTINUE ON BACK IF NEEDED

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