



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 798

Date Received

21-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

894798

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 windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G8ZJ5576PZR93474	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 checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input 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 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	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) 01-AUG-2001 92 Mileage 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 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 Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	--------------------------	--

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

WHILE TRAVELING AT 65 MPH TRANSMISSION BLEW UP, AND SOME PIECES FLEW INTO CAR*AK

CONFIDENTIAL - NHTSA

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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 798</p>	
		<p>Date Received: 21-AUG-2001</p> <p>DEFECTS INVESTIGATION OFFICE</p>	<p>Od_or _____ rt_dt _____ od_rt _____ up_ltr _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 709386</p>		<p>Reference No. 894798</p>	
<p>Do you authorize NHTSA to provide a copy of your report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature of Owner: [Redacted] Date: 9/7/01</p>		<p>Work Number: [Redacted]</p> <p>Home Number: [Redacted]</p>	

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) 1G8ZJ5576PZR93474	Vehicle Make SATURN	Vehicle Model SL2	Vehicle Year 1993	Current Odometer Reading		
Purchase Date Apr 99	Dealer's Name Saturn of English Creek		Engine Size (CID/CC/L) 1.9	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City Egg Harbor Twp State NJ Zip Code 08234		No Cylinders 4			
Transmission Type <input checked="" type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" 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"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 07300000	Part Name(s) POWER TRAIN: TRANSMISSION: AUTOMATIC MANUAL 5-spd	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 01-AUG-2001 8/15/01	Mileage at Failure(s) 92000	Vehicle Speed at Failure(s) 65mph
		Failed Part(s) <input checked="" 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 Damage \$2000.00
				Reported to Police <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE TRAVELING AT 65 MPH TRANSMISSION BLEW UP, AND SOME PIECES FLEW INTO CAR*AK

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 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.

