



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 1038

Date Received

27-AUG-2001

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

895220

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) (Location at bottom of windshield and driver's side) 1G8ZH1279VZ181578	Vehicle Make SATURN	Vehicle Model SC2	Vehicle Year 1997	Current Odometer Reading
Purchase Date ☒ New ☐ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01310000 08210000	Part Name(s) STEERING:POWER ASSIST:PUMP ELECTRICAL SYSTEM:ALTERNATOR:GENERATOR	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 25-JUN-2001 97 Mileage at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 ☐ 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)

POWER STEERING FLUID PUMP SPRUNG AN LEAKED, CAUSING GENERATOR TO BECOME INOPERABLE. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER DETAILS.*AK

COPIES OF REPORTS - FREE -

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR OFFICIAL USE ONLY 1038 Date Received <u>17-AUG-2001</u> Office <u>EFFECTS INVESTIGATION</u> Reference No. <u>895220</u> Work Number <u>[REDACTED]</u> Home No. <u>[REDACTED]</u>	
OWNER INFORMATION (Type or Print) <u>[REDACTED]</u> <u>711047</u>		Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a signature, name and address to the vehicle manufacturer. Signature of Owner <u>[REDACTED]</u> ☒ YES ☐ NO Date <u>9/4/01</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
<u>1G8ZH1279VZ181678</u>	<u>SATURN</u>	<u>SC2</u>	<u>1997</u>
Purchase Date	Dealer's Name <u>Nova's</u>	Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☒ New ☐ Used	City <u>Forest Lake</u> State <u>MD</u> Zip Code <u>550</u>	No. Cylinders <u>4</u>	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
☐ Manual ☒ Automatic	☒ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☒ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ☒ No
Drive Train	Vehicle Type	Body Style	
☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Van ☐ Minivan ☐ Other	☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>01310000</u> <u>08210000</u>	Part Name(s) <u>STEERING:POWER ASSIST:PUMP</u> <u>ELECTRICAL SYSTEM:ALTERNATOR:GENERATOR</u>	Location ☒ Left ☐ Right ☒ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s) <u>25-JUN-2001</u> Mileage at Failure(s) <u>97</u> Vehicle Speed at Failure(s) <u>slow mtl</u>	Failed Part(s) ☒ Yes ☐ No	NHTSA Previously ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities
Estimated Property Damage		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) POWER STEERING FLUID PUMP SPRUNG AN LEAKED, CAUSING GENERATOR TO BECOME INOPERABLE. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER DETAILS.'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 FAILURES (IF APPLICABLE)	
TIRE IDENTIFICATION NO.	
DOT	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)	

THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(5)

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