



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 936

Date Received

07-DEC-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

899993

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		
1G8ZF1285SZ267206	SATURN	SC1	1995			
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 type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input 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 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 12364000	Part Name(s) INTERIOR SYSTEMS:BUCKET:BACK REST	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	Dates of Failure(s) 01-MAR-1998 Mileage at Failure(s) 32000 Vehicle Speed 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	----------------------	--------------------------	---

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

RECALL 99V045000; DRIVER'S AND PASSENGER'S SEATS WILL SUDDENLY SLIDE BACK WHILE DRIVING. CONSUMER COULD EASILY LOSE CONTROL OF VEHICLE. THIS WAS SAME PROBLEM AS INDICATED IN RECALL; BUT THIS VEHICLE WAS NOT INCLUDED IN RECALL DUE TO VIN. PLEASE PROVIDE ANY FURTHER INFORMATION.*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

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received

JAN 18 AM 9:00
12-DEC-2001

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

899993

Work Number

Home Number

OWNER INFORMATION (Type or Print)

729377

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

YES NO

Signature of

Date 12/18/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at dashboard, windshield or driver's side): 1G8ZF1285SZ267206
Vehicle Make: SATURN
Vehicle Model: SC1
Vehicle Year: 1995
Current Odometer Reading: _____

Purchase Date: _____
Dealer's Name: _____
City: _____ State: _____ Zip Code: _____
Engine Size (CID/CC/L): _____
No. Cylinders: _____
 Turbo Diesel Gas Fuel Injecto

Transmission Type: Manual Automatic
Antilock Brakes: Yes No
Restraint System: 3-Point Belt Motorbelt Driverside Airbag 2-Point Belt 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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 12364000
Part Name(s): INTERIOR SYSTEMS:BUCKET:BACK REST
Location: Left Right Front Rear
Failed Part(s): Original Replacement
No. of Failures: _____
Date(s) of Failure(s): 01-MAR-1998
Mileage at Failure(s): 32000
Vehicle Speed 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 Damage: _____
Reported to Police: Yes No

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

RECALL 99V045000; DRIVER'S AND PASSENGER'S SEATS WILL SUDDENLY SLIDE BACK WHILE DRIVING. CONSUMER COULD EASILY LOSE CONTROL OF VEHICLE. THIS WAS SAME PROBLEM AS INDICATED IN RECALL, BUT THIS VEHICLE WAS NOT INCLUDED IN RECALL DUE TO VIN. PLEASE PROVIDE ANY FURTHER INFORMATION.*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.