Form Approved: OMB No. 2127-0042

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 758	
Date Received	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ np_ltr ____ ____
07-DEC-2001	Reference No. 899997

[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 _____ **Date**____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
ADD	SATURN	SC2	2001	

Purchase Dat			
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L ____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
07301000	POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s) 11-NOV-2001 Mileage at Failure(s 8800 Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
		☐ Yes ☐ No	☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☐ No	1			☐ Yes ☐ No

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

VEHICLE WAS IN PARK/ ENGINE SHUT OFF/ EMERGENCY BRAKE NOT APPLIED, AND VEHICLE SUDDENLY WENT BACKWARD AND ROLLED OVER CONSUMER'S RIGHT FOOT, KNOCKING HER DOWN. DEALER STATED CONSUMER SHOULD HAVE USED PARK BRAKE. PLEASE ADD FURTHER DETAILS.*AK

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Form Approved O.M.B. No. 2127-0004

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

DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 758

Date Received: 07-DEC-2001

Odi_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 899997

OWNER INFORMATION (Type or Print)

[redacted] 729382

Work Number

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 Marie L. Stone Date 01/14/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
ADD 1G8Z H52891Z- 230434	SATURN	SC2	2001	4697

Purchase Date 12/8/00 ☒ New ☐ Used

Dealer's Name Saturn of Hunt. & Chas.

City Hurricane State WV Zip Code

Engine Size (CID/CC/L) ____ No Cylinders 4

☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injectio

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
07301000	POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTE	☐ Left ☐ Right ☐ Front ☐ Rear	☒ Origina ☐ Replacemen

No of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
	11-NOV-2001	8800		☐ Yes ☐ No	☐ 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	1			☐ Yes ☐ No

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

VEHICLE WAS IN PARK / ENGINE SHUT OFF/ EMERGENCY BRAKE NOT APPLIED, AND VEHICLE SUDDENLY WENT BACKWARD AND ROLLED OVER CONSUMER'S RIGHT FOOT, KNOCKING HER DOWN. DEALER STATED CONSUMER SHOULD HAVE USED PARK BRAKE. PLEASE ADD FURTHER DETAILS.*AK

CONTINUE ON BACK IF NEEDED