



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh Street, S.W.
Washington, D.C. 20590

SEP 2 2004

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Gay P. Kent, Director
Product Investigations, Structure and Safety Integration
General Motors Corporation
Mail Code: 480-111-E18
30200 Mound Road
Warren, MI 48090-9010

NVS-212mj1
PE04-061

Dear Ms. Kent:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened a Preliminary Evaluation (PE04-061) to investigate allegations of turn signal failure in model year (MY) 2003 and 2004 Saturn Ion vehicles manufactured by General Motors Corporation, and to request certain information.

This office has received 13 reports of alleged turn signal failure in MY 2003 and 2004 Saturn Ion vehicles. A copy of each of the reports is enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject vehicles:** All MY 2003 and 2004 Saturn Ion vehicles manufactured for sale or lease in the United States.
- **Subject components:** Any or all components of the electrical circuits for the headlights, daytime running lights, front turn signal lamps, and rear turn signal lamps.
- **GM:** General Motors Corporation, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of their divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of GM (including all business units and persons previously referred to), who are or, in or after 2002, were involved in any way with any of the following related to the alleged defect in the subject vehicles:



DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-327-4238

- a. Design, engineering, analysis, modification or production (e.g. quality control);
 - b. Testing, assessment or evaluation;
 - c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
 - d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.
- **Alleged defect:** Any alleged turn signal failure or malfunction.
 - **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by GM, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document, which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by GM or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as GM has previously provided a document to ODI, GM may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After GM's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. State, by model, model year and body type (i.e., sedan and coupe), the number of subject vehicles GM has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date by GM, state the following:
 - a. Vehicle identification number (VIN);
 - b. Make;
 - c. Model;
 - d. Model Year;
 - e. Date of manufacture;
 - f. Date warranty coverage commenced; and
 - g. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Provide the table in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DATA."

2. State the number of each of the following, received by GM, or of which GM is otherwise aware, which relate to, or may relate to, the alleged defect in the subject vehicles:
 - a. Consumer complaints, including those from fleet operators;
 - b. Field reports, including dealer field reports;
 - c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
 - d. Property damage claims;

- e. Third-party arbitration proceedings where GM is or was a party to the arbitration; and
- f. Lawsuits, both pending and closed, in which GM is or was a defendant or codefendant.

For subparts "a" through "f," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "f," provide a summary description of the alleged problem and causal and contributing factors and GM's assessment of the problem, with a summary of the significant underlying facts and evidence. For items "e" and "f," identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
 - a. GM's file number or other identifier used;
 - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
 - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
 - d. Vehicle's VIN;
 - e. Vehicle's make, model and model year;
 - f. Vehicle's mileage at time of incident;
 - g. Incident date;
 - h. Report or claim date;
 - i. Whether a crash is alleged;
 - j. Whether a fire is alleged;
 - k. Whether property damage is alleged;
 - l. Number of alleged injuries, if any; and
 - m. Number of alleged fatalities, if any.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER TWO DATA."

4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method GM used for organizing the documents.
5. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by GM to date that relate to, or may relate to, the alleged defect in the subject vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. GM's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Replacement part number(s) and description(s);
- j. Concern stated by customer; and
- k. Comment, if any, by dealer/technician relating to claim and/or repair.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA."

6. Describe in detail the search criteria used by GM to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by GM on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) that GM offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.
7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that GM has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that GM is planning to issue within the next 120 days.
8. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for, GM. For each such action, provide the following information:
 - a. Action title or identifier;
 - b. The actual or planned start date;
 - c. The actual or expected end date;
 - d. Brief summary of the subject and objective of the action;
 - e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and
 - f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

9. Produce copies of all schematics and circuit diagrams for the subject components along with description and specifications of each component. Also, provide a technical description and component specifications for the "jumper harness" that is referenced in GM's Technical Service Bulletin No. 04-08-42-002, dated February 2004.
10. Describe all modifications or changes made by, or on behalf of, GM in the design, material composition, manufacture, quality control, supply, or installation of the subject components, from the start of production to date, which relate to, or may relate to, the alleged defect in the subject vehicles. For each such modification or change, provide the following information:
 - a. The date or approximate date on which the modification or change was incorporated into vehicle production;
 - b. A detailed description of the modification or change;
 - c. The reason(s) for the modification or change;
 - d. The part numbers (service and engineering) of the original component;
 - e. The part number (service and engineering) of the modified component;
 - f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
 - g. When the modified component was made available as a service component; and
 - h. Whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that GM is aware of which may be incorporated into vehicle production within the next 120 days.

11. State the number of each of the following that GM has sold that may be used in the subject vehicles by component name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of sale (including the cut-off date for sales, if applicable):
 - a. Front turn signal lamps;
 - b. Rear turn signal lamps; and
 - c. Any kits that have been released, or developed, by GM for use in service repairs to the front and/or rear turn signal lamps.

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number). Also identify by make, model and model year, any other vehicles of which GM is aware that contain the identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

12. Furnish GM's assessment of the alleged defect in the subject vehicles, including:

- a. The causal or contributory factor(s);
- b. The failure mechanism(s);
- c. The failure mode(s);
- d. The risk to motor vehicle safety that it poses;
- e. What warnings, if any, the operator and the other persons both inside and outside the vehicle would have that the alleged defect was occurring or subject component was malfunctioning; and
- f. The reports included with this inquiry.

This letter is being sent to GM pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. GM's failure to respond promptly and fully to this letter could subject GM to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If GM cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, GM does not submit one or more requested documents or items of information in response to this information request, GM must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

GM's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by October 15, 2004. Please refer to PE04-061 in GM's response to this letter. If GM finds that it is unable to provide all of the information requested within the time allotted, GM must request an extension from me at (202) 366-5218 no later than five business days before the response due date. If GM is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information GM then has available, even if an extension has been granted.

If GM claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, GM must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, as amended (69 Fed. Reg. 21409 et seq; April 21, 2004), to

the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. GM is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Mr. Michael Lee of my staff at (202) 366-5236.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas Z. Cooper", with a stylized flourish extending from the end.

Thomas Z. Cooper, Chief
Vehicle Integrity Division
Office of Defects Investigation

Enclosures: 13 Vehicle Owner's Questionnaires (Reference Nos. 10086701, 10087522, 10086239, 10078615, 10078329, 10075135, 10068100, 10063993, 10041319, 10040964, 10030545, 10030230, and 10018187)



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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

12-AUG-2004

Repository ☐Reference No.
10066701**OWNER INFORMATION (Type or Print)**

Name

Address

City

BRONX

State NY

Zip Code 10462

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide you its name or address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GBAN12F54

Make
SATURN

Model
ION

Model Year
2004

Date Purchased
22-OCT-03

Dealer's Name and Telephone Number
SATURN OF LARCHMONT 914-636-4200

Engine:
No. Cylinders 4

Fuel Type:
Gas

Original Owner
☒

Dealer's City
LARCHMONT

State
NY

Zip Code
10538

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain

Vehicle Component Code
021000 SUSPENSION: FRONT

Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
12-NOV-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

☐ Yes ☒ No☐ Yes ☒ No

0

0

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

IN OCTOBER OF 1993, I BOUGHT A 2004 ION 2 QUAD COUPE FROM SATURN OF LARCHMONT. I TRADED IN MY 1997 SC1 FOR THIS CAR. IN THE BEGINNING OF NOVEMBER, I NEEDED TO HAVE THE RIGHT SIDE FRONT BULB REPLACED BECAUSE IT BURNED OUT. IN JANUARY, I BROUGHT THE CAR IN FOR ITS FIRST OIL CHANGE AND TWO RECALLS. IT ALSO TO MADE A RATTLING SOUND UNDERNEATH. THIS FIRST TIME, THE LINK AND TORSION BAR SUPPORTS WERE REPLACED. I RETURNED ABOUT TWO WEEKS LATER WITH THE RATTLE AND AN ADDITIONAL COMPLAINT. THE CAR HAD STALLED WHILE DRIVING IT. I WAS TOLD THAT A BUSH UNDERNEATH THE SEAT WAS MAKING THE RATTLING NOISE. THEY ALSO SAID THAT THE STALLING COULDN'T BE DUPLICATED, SO THEY DIDN'T KNOW WHAT NEEDED TO BE FIXED. I RETURNED ONE WEEK LATER WITH THE SAME RATTLING PROBLEM. THEY KEPT THE CAR FOR THREE DAYS AND DROVE IT OVER SIXTY MILES. THIS TIME THEY REPLACED THE SWAY BAR LINKS AND BUSHINGS. FINALLY, THE NOISE STOPPED! IN JULY I BROUGHT THE CAR TO SATURN OF WHITE PLAINS. THE CAR HAD STALLED AGAIN AND STARTED STUTTERING WHEN STEPPING ON OR RELEASING THE GAS PETAL. AGAIN NO CODES WERE FOUND TO INDICATE WHY IT STALLED. I WAS ALSO TOLD THAT THE STUTTERING WAS [NORMAL] FOR THE VTI ENGINE BECAUSE OF ITS [NEW] TECHNOLOGY. [] ABOUT A WEEK AND A HALF LATER, THE RATTLING STARTED UNDERNEATH THE CAR AGAIN. I BROUGHT THE CAR INTO SATURN OF WHITE PLAINS AGAIN. TWO DAYS BEFORE MY APPOINTMENT, THE RADIO HAD RESET ITSELF. ON THE DAY OF MY APPOINTMENT,

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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
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Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100222

Date Received

09-AUG-2004

Repository ☐Reference No.
10087522

OWNER INFORMATION (Type or Print)

Name

Address

City

MONMOUTH JUNCTION

State NJ

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1 / 1 /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GBAJ52F03Z

Make

SATURN

Model

ION

Model Year

2003

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

☐ Antilock Brakes☒ Cruise Control

Powertrain

UNKNOWN

Vehicle Component Code

126000 EXTERIOR LIGHTING-TURN SIGNAL

Multiple Failure: 8

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

09-AUG-2004

Failure Mileage

22000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment:
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

VEHICLE WAS SERVICED 8 TIMES FOR PASSENGER FRONT SERVICE TURN SIGNAL LIGHT. THE BULB WAS REPLACED, MANUFACTURER SENT A REPRESENTATIVE TO INSPECT THE VEHICLE AND NOTHING WAS FOUND.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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.



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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

05-AUG-2004

Repository ☐

Reference No.

10086239

OWNER INFORMATION (Type or Print)

Name

Address

City

TRACY

State

CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GBAL52F53

Make

SATURN

Model

ION

Model Year

2003

Date Purchased

21-OCT-02

Dealer's Name and Telephone Number

SATURN OF PLEASANTON

Engine:

No. Cylinders 4

Fuel Type:

Gas

Original Owner

☒

Dealer's City

PLEASANTON

State

CA

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

120000 EXTERIOR LIGHTING

Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

31-JUL-2004

Failure Mileage

10000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment

☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE FRONT LEFT LIGHT OF MY 2003 SATURN ION HAS GONE OUT REPEATEDLY. UPON CAREFUL INSPECTION, THE BULB ITSELF IS NOT BURNED OUT. WHEN SIGNALING LEFT, THE BLINKER IN THE VEHICLE AND THE LEFT TAIL LIGHT BLINK VERY RAPIDLY. AS THE FRONT LEFT TURN SIGNAL LIGHT IS ALSO THE DAYTIME RUNNING LIGHT, I HAVE A BURNED OUT LEFT DAYTIME RUNNING LIGHT WHICH IS A POSSIBLE SAFETY HAZARD. THE VEHICLE WAS BROUGHT IN TO THE DEALER THREE TIMES. THE FIRST TWO TIMES I WAS TOLD THAT THE BULB WAS DEFECTIVE AND THAT THEY HAD JUST REPLACED IT. I KNOW THIS IS NOT TRUE AS I TRIED TO TROUBLESHOOT THE VEHICLE BEFORE BRINGING IT TO THE DEALER BY TAKING THE RIGHT "GOOD" BULB AND SEEING IF IT WOULD TURN ON IN THE LEFT LIGHT ASSEMBLY. IT DID NOT. THE THIRD TIME I BROUGHT IT IN THE SERVICE MANAGER TOLD ME THEY WOULD JUST REPLACE THE WHOLE ASSEMBLY AS THEY HAVE BEEN HAVING PROBLEMS WITH THEM. AFTER FOUR MONTHS THE PROBLEM RE-APPEARED AND I ONCE MORE HAD TO BRING IT INTO THE DEALER. BEING THAT THE WARRANTY IS NOT EXPIRED, I HAD TO PAY FOR THE REPAIR. AS THIS SEEMS TO BE A REOCCURRING SAFETY FAILURE, PLEASE INVESTIGATE AND ADVISE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

22-JUN-2004

Repository ☐

Reference No.
10078615

OWNER INFORMATION (Type or Print)

Name

Address

City

LONG BEACH

State

CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 6/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

SATURN

Model

ION

Model Year

2003

Date Purchased

Dealer's Name and Telephone Number

CERRITOS SATURN

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

CERRITOS

State

CA

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

126000 EXTERIOR LIGHTING:TURN SIGNAL

Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
28-FEB-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4SABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

TURN SIGNAL FAILED AND WAS REPAIRED 4 TIMES WITHIN FIRST 7,000 MILES OF USAGE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
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Administration

DOT Auto Safety Hotline
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

10-JUN-2004

Repository ☐

Reference No.
10075135

OWNER INFORMATION (Type or Print)

Name

Address

City

FREMONT

State CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 6/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make
SATURN

Model
ION

Model Year
2004

Date Purchased
23-DEC-03

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:
Gas

Original Owner
☒

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

☐ Antilock Brakes
☒ Cruise Control

Powertrain

Vehicle Component Code
126000 EXTERIOR LIGHTING: TURN SIGNAL

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-FEB-2004

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE LEFT FRONT TURN SIGNAL STOPPED WORKING, 3 TIMES.
THE SATURN DEALER EVENTUALLY REPLACED THE WIRING HARNESS. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
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(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

30-APR-2004

Repository ☐

Reference No.
10068100

OWNER INFORMATION (Type or Print)

Name

Address

City

SYRACUSE

State

NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/1/

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GBA252F53Z

Make

SATURN

Model

ION

Model Year

2003

Date Purchased

Dealer's Name and Telephone Number
SATURN OF SYRACUSE 315-472-0021

Engine:

No. Cylinders 4

Fuel Type:

Gas

Original Owner

☒

Dealer's City

SYRACUSE

State

NY

Zip Code

13204

Transmission Type

MANUAL

☐ Antilock Brakes

☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

126000 EXTERIOR LIGHTING:TURN SIGNAL

Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

29-APR-2004

Failure Mileage

1000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19A80036)

☐ Original Equipment

☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

0

0

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

MY 2003 SATURN ION 2 SEDAN HAS HAD AT LEAST EIGHT FRONT TURN SIGNAL OR DAYTIME RUNNING LIGHT BULBS FAIL SINCE THE CAR WAS DELIVERED IN FEBRUARY 2003. THE BULBS IN QUESTION ARE MANUFACTURED BY WAGNER, AND ARE TYPE 5702. FAILURE OF FRONT TURN SIGNAL LAMPS CREATES THE POTENTIAL FOR AN ACCIDENT, SINCE ONCOMING TRAFFIC HAS NO INDICATION OF MY INTENT TO TURN. THE LOCAL DEALERSHIP HAS EXAMINED THE CAR ON THREE OR FOUR OCCASIONS, AND HAS FOUND NO OBJECTIVE REASON FOR THE FAILURE. REPLACING THE BULB CORRECTS THE PROBLEM, TYPICALLY FOR SEVERAL MONTHS BUT IN SEVERAL INSTANCES FOR LESS THAN A WEEK.

THE BULBS IN QUESTION ARE NOT AVAILABLE FROM NATIONAL PARTS CHAINS SUCH AS NAPA, ADVANCE AUTO PARTS, AUTOZONE, AND PEP BOYS; THE ONLY SOURCE IS A SATURN DEALERSHIP, WHICH CHARGES APPROXIMATELY \$8 FOR A REPLACEMENT LAMP.

I HAVE SINCE EXPERIMENTED WITH USING A SYLVANIA 3157NALL, WHICH IS APPARENTLY IDENTICAL AND IS RATED FOR USE IN DAYTIME RUNNING LIGHT APPLICATIONS. IT FUNCTIONS IDENTICALLY TO THE OEM PART, EXCEPT THAT IT APPEARS TO LAST MUCH LONGER (IT HAS YET TO FAIL AFTER SEVERAL MONTHS), AND IS READILY AVAILABLE FROM ANY AUTOMOTIVE PARTS STORE FOR ABOUT A QUARTER OF THE CC

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

27-MAR-2004

Repository ☐

Reference No.
10063993

OWNER INFORMATION (Type or Print)

Name

Address

City

BALTIMORE

State

MD

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 1 / 1 / _____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GBAJ52FXC

Make
SATURN

Model
ION

Model Year
2003

Date Purchased
31-MAY-03

Dealer's Name and Telephone Number
SATURN OF GLEN BURNIE 410-766-1400

Engine:
No. Cylinders 4

Fuel Type:
Gas

Original Owner
☐

Dealer's City
GLEN BURNIE

State
MD

Zip Code
21060

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
UNKNOWN

Vehicle Component Code
110000 ELECTRICAL SYSTEM

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-OCT-2003

Failure Mileage
6692

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

☐ Yes ☒ No

☐ Yes ☒ No

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;
i.e., parts repaired or replaced (and if old part is available).

TO DATE, VEHICLE HAS MULTIPLE PROBLEMS WHICH DEALER/SERVICE DEPARTMENT HAS BEEN UNABLE TO RESOLVE. 10 SERVICE VISITS
IN LESS THAN 6 MONTHS AND NO END IN SIGHT. PROBLEMS INCLUDE: DAYTIME RUNNING LIGHTS/BLINKER LIGHTS INOPERABLE (REPAIRED 6
TIMES); OUTSIDE TEMPERATURE GAUGE MALFUNCTIONING (REPAIRED 3+ TIMES); AIR CONDITIONING INOPERABLE AND COMPASS
MALFUNCTIONING. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

30-SEP-2003

Repository ☐

Reference No.
10040964

OWNER INFORMATION (Type or Print)

Name

Address

City

ALBUQUERQUE

State

NM

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G8AF52F3

Make

SATURN

Model

ION

Model Year

2003

Date Purchased
01-MAR-03

Dealer's Name and Telephone Number
SATURN OF ALBUQUERQUE 505-765-1301

Engine:
No: Cylinders 4

Fuel Type:
Gas

Original Owner
☒

Dealer's City
ALBUQUERQUE

State
NM

Zip Code
87102

Transmission Type
MANUAL

☒ Antilock Brakes
☐ Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
120000 EXTERIOR LIGHTING

Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
29-SEP-2003

Failure Mileage
4248

Failure Speed
0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4SABC036)

☐ Original Equipment:
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

I HAVE HAD REPEATED PROBLEMS WITH THE EXTERIOR FRONT LIGHTING ON MY NEW 2003 SATURN ION WHICH IS A SAFETY HAZARD. ON 5/15/03 I TOOK THE VEHICLE TO THE ALBUQUERQUE SATURN DEALERSHIP TO FIX THE FRONT DRIVER SIDE RUNNING LIGHT AND LEFT TURN SIGNAL. THEY REPLACED THE BULBS, BUT I HAD TO TAKE IT TO THE DEALERSHIP AGAIN ON 7/18/03 AFTER HAVING DRIVEN IT LESS THAN 100 MILES FOR THE SAME PROBLEM. THIS TIME THEY REPLACED THE ENTIRE HEADLAMP ASSEMBLY. THEN AGAIN ON 9/29/03 I TOOK IT BACK TO THE DEALERSHIP TO HAVE THE PASSENGER SIDE FRONT RUNNING LIGHT AND TURN SIGNAL REPLACED. I TALKED WITH THE SALES MANAGER BEN VIGIL AND THE SERVICE MANAGER JUSTIN GREENBERG. I COMPLAINED THAT I'VE SPENT MORE TIME AT THE DEALERSHIP FOR UNSCHEDULED MAINTENANCE THAN ROUTINE MAINTENANCE, AND I WAS CONCERNED I HAD BOUGHT A LEMON. I TOLD THEM THAT IF MY TURN SIGNALS AREN'T WORKING PROPERLY, THAT IS A SAFETY ISSUE. MR. GREENBERG TOLD ME THAT HE PROBABLY GETS TWO CUSTOMERS A DAY WITH THE SAME PROBLEM (WHICH SHOCKED ME). HE SAID SATURN HAS SENT OUT NEW BULBS TO THE DEALERSHIPS WHICH THEY CLAIM WILL SOLVE THE PROBLEM. WELL SEE.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

31-JUL-2003

Repository ☐

Reference No.
10030545

OWNER INFORMATION (Type or Print)

Name

Address

City

JACKSONVILLE

State FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G8AV12F03

Make

SATURN

Model

ION

Model Year

2003

Date Purchased
08-JUL-03

Dealer's Name and Telephone Number
SATURN OF REGENCY 904 725-8200

Engine:
No. Cylinders 4

Fuel Type:
Gas

Original Owner
☒

Dealer's City
JACKSONVILLE

State
FL

Zip Code
32211

Transmission Type
MANUAL

☒ Antilock Brakes
☒ Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
162300 STRUCTURE:BODY:DOOR

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
13-JUL-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

ELECTRICAL; DOOR SEALS LOOSE; CAR RETURNED UP TO 3 TIMES SINCE PURCHASE ON 7/13/03.
SATURN ION 3 COUPE—TURN SIGNALS BURNED OUT W/IN ONE WEEK OF EACH OTHER; REQUESTED CHECK OF ELECTRICAL SYSTEM. JULY 26, 2003 ELECTRICAL SYSTEM CHECKED. COMPLAINED ABOUT DOOR SEAL AT SAME TIME & SERVICE DEPT DID NOT CHECK IT OUT UNTIL THEY REPLACED THE FUSE BOX ON JULY 31. REQUESTED TO RETURN VEHICLE AND WAS TOLD "IT WOULD BE FIXED TO MY SATISFACTION". DOOR SEAL WAS NOT INSTALLED PROPERLY & I HAVE TO TAKE THE CAR BACK FOR A FOURTH TIME TO GET THIS REPAIRED APPROXIMATELY ONE WEEK FROM TODAY. *PH

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

28-JUL-2003

Repository ☐

Reference No.
10030238

OWNER INFORMATION (Type or Print)

Name

Address

City

ARCHBALD

State

PA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

1GBAN12F5

Make

SATURN

Model

ION

Model Year

2003

Date Purchased

15-MAY-03

Dealer's Name and Telephone Number

SATURN WYOMING VALLEY 1-800-SATURN 1

Engine:

No. Cylinders

Fuel Type:

Gas

Original Owner

☒

Dealer's City

WILKES BARRE

State

PA

Zip Code

Transmission Type

AUTOMATIC

☐ Antilock Brakes

☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

126000 EXTERIOR LIGHTING/TURN SIGNAL

Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

05-JUN-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment

☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes

☒ No

Fire

☐ Yes

☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

MY TURN SIGNALS DO NOT WORK IN THE FRONT OF MY CAR DUE TO A SHORTAGE OR SOMETHING AND ALSO MY CAR SHAKES AND LOOSES POWER WHEN I HAVE MY AIR CONDITIONER ON. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

16-JUN-2004

Repository ☐

Reference No.
10078329

OWNER INFORMATION (Type or Print)

Name

Address

City

MARIETTA

State

GA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 6/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G8AK52F64

Make
SATURN

Model
ION

Model Year
2004

Date Purchased
10-JUN-04

Dealer's Name and Telephone Number
SATURN OF MARIETTA 770-421-1400

Engine:
No. Cylinders 4

Fuel Type:
Gas

Original Owner
☒

Dealer's City
MARIETTA

State
GA

Zip Code

Transmission Type
MANUAL

☒ Antilock Brakes
☒ Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
110000 ELECTRICAL SYSTEM

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
16-JUN-2004

Failure Mileage
230

Failure Speed
45

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash
☐ Yes ☒ No

Fire
☐ Yes ☒ No

Number of Persons Injured
0

Number of Deaths
0

Reported to Police
N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

I PURCHASED MY 2004 SATURN ION 3 ON THURSDAY JUNE 10, 2004. ON SUNDAY JUNE 13 THERE WERE SUBSTANTIAL RAINS IN THE ATLANTA AREA AND I NOTICED THAT THE TRUNK WAS FULL OF APPROXIMATELY 2 INCHES OF STANDING WATER AROUND THE TIRE AND BATTERY. THE BOX OF BOOKS IN THE TRUNK ALONG WITH SOME OTHER PERSONAL ITEMS WERE DAMAGED FROM THE WATER. ON MONDAY JUNE 14, AFTER HAVING HAD THE CAR IN MY POSSESSION FOR ONLY 4 DAYS I RETURNED IT TO THE DEALERSHIP. THEY ADVISED ME ON TUESDAY JUNE 15 THAT THE HOLE WHERE THE WATER IS SUPPOSED TO DRAIN OUT OF IF THE CAR HAD A SUNROOF WAS LEFT UNPLUGGED DURING MANUFACTURING RESULTING IN THE FLOODING OF THE TRUNK. I WAS ABLE TO PICK UP MY CAR ON THE MORNING OF WEDNESDAY JUNE 16. LATER THAT AFTERNOON, AS I WAS USING THE POWER OUTLETS IN THE CAR THE TURN SIGNALS AND DAYTIME RUNNING LIGHTS BECAME INOPERABLE. IN ORDER FOR MY TURN SIGNALS AND DAYTIME RUNNING LIGHTS TO WORK I MUST UNPLUG WHATS IN THE POWER OUTLET AND TURN THE IGNITION OFF. WHEN I RESTART THE CAR THEY ARE OPERABLE AGAIN, BUT IF I NEED TO USE MY POWER OUTLETS I MUST USE THEM KNOWING THAT I WON'T HAVE TURN SIGNALS OR DAYTIME RUNNING LIGHTS. I FEEL THAT THIS IS A SAFETY ISSUE BECAUSE I EITHER HAVE TO GIVE UP THE USE OF MY POWER OUTLETS OR MY TURN SIGNALS AND RUNNING LIGHTS. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

06-OCT-2003

Repository ☐

Reference No.
10041319

OWNER INFORMATION (Type or Print)

Name

Address

City

BURNSVILLE

State MN

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GBAJ52F13

Make

SATURN

Model

ION

Model Year

2003

Date Purchased

28-FEB-03

Dealer's Name and Telephone Number

SATURN OF ST PAUL 651-552-9100

Engine:

No. Cylinders 4

Fuel Type:

Gas

Original Owner

☒

Dealer's City

INNER GROVE HEIGHTS

State

MN

Zip Code

55077

Transmission Type

☒

Antilock Brakes

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

110000 ELECTRICAL SYSTEM

Multiple Failure: 7

☒ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

17-MAR-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THE FRONT AND REAR TURN SIGNAL LIGHT BULBS BLEW OUT 11 TIMES. FIRST THE DEALER TOLD ME THE BULBS WERE BAD, THEN TOO MANY AMPS FOR THE TURN SIGNAL CIRCUIT. THEY DID SOME "CONVERSION" 8 MONTHS AGO AND THE BULBS BLEW OUT LESS FREQUENT BUT STILL OCCURRING. THE DRIVER FRONT BULBS BLEW 3 WEEKS AGO. THE TURN SIGNAL ALSO MALFUNCTION WHENEVER I PLUG THE CELL PHONE CHARGER INTO THE POWER OUTLET. I HAD MANY NEAR ACCIDENTS BECAUSE OF THE TURN SIGNAL.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

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INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

05-MAY-2003

Repository ☐

Reference No.
10018187

OWNER INFORMATION (Type or Print)

Name

Address

City

CORPUS CHRISTI

State

TX

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GBAZ52F4

Make

SATURN

Model

ION

Model Year

2003

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

☐

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

110000 ELECTRICAL SYSTEM

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

05-MAY-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHEN THE CONSUMER PLUGGED DEVICES INTO THE CIGARETTE LIGHTER THE TURN SIGNAL WOULD NOT WORK. *NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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L.M.