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 100192

Date Received: [illegible] MAY 2004

Repository ☐

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OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City BUTLER | State PA | Zip Code 16001

Daytime Telephone Number [redacted]

E-mail Address [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an au[redacted] NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 5/25/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
Y53DD75895 7021862	SAAB	900 S	1995

Date Purchased	Dealer's Name and Telephone Number			Engine: 2.3 L- No. Cylinders 4	Fuel Type:
7/22/95	MIDWESTERN AUTO GROUP 6/4889 2971				GASOLINE
Original Owner ☐	Dealer's City DUBLIN	State OH	Zip Code 43017		

Transmission Type			Vehicle Component Code
5 spd Manual	☒ AntiLock Brakes ☒ Cruise Control	Powertrain	171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
	80000	0	DEAD LOCK SYSTEM LOCKED ALL DOORS + FUEL TANK- CAR KEY WILL NOT OPEN IT.

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: DOTMAL9ABC038)	☐ 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	NA	NA	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 AUTOMATIC DOOR LOCKS LOCKED PERMANENTLY. THE DOORS WILL NOT OPEN. DRIVER HAD TO ESCAPE THROUGH THE SUN ROOF. [redacted] STATED IT COULD BE REPAIRED FOR $2700.00 BY INSTALLING A NEW COMPUTER. *AK DEALER

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY