



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 252

Date Received

26-MAY-2004

Repository

Reference No.
10074314

3:17

OWNER INFORMATION (Type or Print) (Continued)

Name: [Redacted]
Address: [Redacted]
City: FAIRFAX State: VA Zip: [Redacted]

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 5/27/04

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side YS3EH49G23 [Redacted]		Make SAAB	Model 95	Model Year 2002 2003
Date Purchased	Dealer's Name and Telephone Number Arlington International Motors		Engine: No: Cylinders 4	Fuel Type: Premium Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City Arlington	State VA	Zip Code 22031	
Transmission Type Automatic	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 140000 AIR BAGS Multiple Failures: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 26-MAY-2004	Failure Mileage 10,000	Failure Speed 30	
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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: D0THAL5ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: Petersburg, VA
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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 3	Number of Deaths 0	Reported to Police Y
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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).

WHILE DRIVING 30 MPH, ANOTHER VEHICLE REAR END THE CONSUMER. THIS CAUSED THE DRIVER TO LOOSE CONTROL OF THE VEHICLE AND CRASH ANOTHER VEHICLE ON COLLISION. BOTH FRONTAL AIRBAGS FAILED TO DEPLOY. BOTH THE DRIVER AND PASSENGER SUSTAINED INJURIES AND WERE TRANSPORTED BY AMBULANCE. THE VEHICLE WAS TOTALED OUT BY THE INSURANCE COMPANY. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. *NM

Side airbags, Head restraint system didn't deploy
Note by many angles

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.

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

My CAR hit from Back and collided with a 3rd car
in many angles. No safety system, air bags were
deployed. CAR is totalled. 2 children had injuries
2 adult are suffering minor injuries.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR**

DASH2DOT
and dial toll free at

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(DASH) & DOT



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