



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-DOOR (1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

DATE: OCT 19 PM

FOR AGENCY USE ONLY 100079

Date Received

1:26
24-AUG-2004

Repository

Reference No.
10089578

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: MAPLEWOOD State: NJ Zip Code: [REDACTED]

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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, provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 10/11/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: YS3DD58H7Y [REDACTED]
Make: SAAB Model: 9-3 Model Year: 2000
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: JMK South 973-379-7744
Engine: No. Cylinders: 4 Fuel Type: Gas
Original Owner: Dealer's City: Springfield State: NJ Zip Code: 07091
Transmission Type: AUTOMATIC Antilock Brakes: Cruise Control: Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 24-AUG-2004 Failure Mileage: 34,500 Failure Speed: ? Fuel line / Clip holding fuel line hose

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTMALSABC036): [REDACTED] Original Equipment: Prior Repair: Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: [REDACTED] Number of Deaths: [REDACTED] 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).

CONSUMER SMELLED FUEL WHILE DRIVING. STOPPED THE VEHICLE, EXAMINED FUEL RAIL, AND NOTICED ONE OF THE CLIPS BROKE. AS RESULT, VEHICLE WAS LEAKING GAS. DEALER AND MANUFACTURER WERE NOTIFIED.

Consumer smelled fuel after making a long trip. Upon inspection it was determined that the fuel line had a leak. This leak was caused by a hole in the hose which appeared to be caused by the plastic clip keeping the hose in place. This problem was reported to the dealer. The dealer thought the problem was caused by some object striking the fuel line. This is not consistent with what we saw when we found the problem.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.
The Privacy Act of 1974-Public Law 93-578 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.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**