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 100222

Date Received	Repository
09-NOV-2004	
	Reference No. 10098280

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City: FORT LAUDERDALE	State: FL	Zip Code	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [X] NO
In the absence of an authorization from us, NHTSA will NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 12/15/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
YS3DF78K817	SAAB	9-3	2001

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
OCT 2001					Gas
Original Owner [X]	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	[X] Antilock Brakes [X] Cruise Control	UNKNOWN	092100 FUEL SYSTEM, OTHER:DELIVERY:FUEL PUMP Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
19-MAR-2004	269981	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: DOTMAL9ABC096)	[ ] 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 [X] No	[ ] Yes [X] 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).

VEHICLE LOST POWER. FUEL LEAKED FROM THE VEHICLE. IT HAD TO BE TOWED. FUEL PUMP WAS REPLACED. MANUFACTURER INDICATED THAT WARRANTY WAS IN EFFECT. *AK

THESE WERE 2 SEPARATE INCIDENTS AMONG SEVERAL OTHERS WITH THIS CAR. INVOICES WERE FAXED TO YOUR REPRESENTATIVE ALREADY. MARCH 2004 FUEL LEAK — TOWED TO DEALER — SEPTEMBER 2004 LOSS OF POWER WHILE DRIVING ON INTERSTATE

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

DEALER'S PHONE HAS BEEN BUSY FOR AN ENTIRE WEEK — I HAVEN'T BEEN ABLE TO REACH THEM.