



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

01-AUG-2006

Repository

Reference No.
10130862

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City PALM HARBOR State FL Zip Code [REDACTED]

Daytime Telephone Number / E-mail Address

SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 8/14/06 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
VS3AD78WA [REDACTED] Make SAAB Model B-3 CONVERTIBLE Model Year 1999
Date Purchased 28-MAY-06 Dealer's Name and Telephone Number SCOTT SAAB OF TAMPA BAY 727-644-7222 Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner Dealer's City PINELLAS PARK State FL Zip Code 33782
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING, . Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 31-JUL-2005 Failure Mileage 78500 Failure Speed 0

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R16) [REDACTED]
DOT No. (Example: DOTMALSABC038) 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

Name: [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 [REDACTED]

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).

DT: CONSUMER STATES THE FUEL PUMP RETAINING TABS THAT HOLD THE FUEL LINE TOGETHER FAILED ON A 1998 SAAB B-3 CONVERTIBLE. THE CONSUMER SMELLED GAS, WHILE DRIVING, PULLED OYER AND SAW THAT THE GAS WAS LEAKING OUT EVERYWHERE. HAD VEHICLE TOWED TO THE DEALERSHIP. THE MODELS 2001-2002 WERE RECALLED ON THE EXACT SAME THING. THE VEHICLE WAS RUNNING FINE BEFORE THIS. THE DEALERSHIP TOLD CONSUMER THAT HIS CAR WAS NOT INCLUDED IN THE RECALL. THE MANUFACTURER SAID THAT IT WAS NOT INCLUDED IN THE RECALL. IF THERE WERE MORE COMPLAINTS THEY WOULD BROADEN THE RECALL YEAR. THE VEHICLE HAS BEEN REGULARLY MAINTAINED. THE CAR WAS FIXED TODAY. *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.

**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).**