



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 03-JUL-2006 1:35	Repository <input type="checkbox"/>
Reference No. 10161279	

OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		
Address	[REDACTED]		
City	State	CT	Zip Code
EASTON			[REDACTED]
Do you authorize the manufacturer of your vehicle to use your name or address to the vehicle manufacturer? In the absence of a signature of owner		<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Signature of Owner		Date 7/19/06	

VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side YS3DD78N7X7 [REDACTED]	Make SAAB	Model 9-3 CONVERTIBLE	Model Year 1999
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 116200 ELECTRICAL SYSTEM:IGNITION:MODULE
Multiple Failure: 3 1			

FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 26 JUN 2006 1-26-05	Failure Mileage 84942	Failure Speed 20mph	

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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths
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).

DT*: THE CONTACT STATED THAT TWO VEHICLES WERE TAKEN TO AN INDEPENDENT MECHANIC FOR REPAIRS ON THE DI CASSETTE OR THE ID MODULE. THE MECHANIC DETERMINED THAT THE TWO VEHICLES MAY BE UNDER RECALL FOR THE PARTS AFFECTED. HOWEVER AFTER AN INVESTIGATION IT WAS CONFIRMED THAT THERE WAS NO RECALL ON THESE VEHICLES. THE VEHICLES WAS REPAIRED THREE TIMES PRIOR WITH THE SAME PART. THE MANUFACTURER WAS ALERTED.

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 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 wife and I own 2 1999 Saabs, a 9-5 4door and a 9-3 convertible. The DI cassette (aka ID module) has failed 2 times (most recently 6-26-06) in the 9-5 and once in the 9-3. The failures in the 9-5 occurred while the car was parked but the failure in the 9-3 occurred while the car was moving at about 25mph on CT route 59, causing the vehicle to come to an abrupt and immediate stop. When the 9-5 failed on 6-26-06 (for the 2nd time) the mechanic

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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

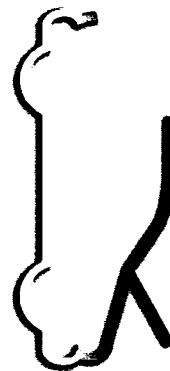
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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-210 400 7th Street, SW Washington, DC 20590



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline

888-327-4236



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