



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

Repository ☐

2006 SEP 15 PM 12:05
23-AUG-2006

Reference No.
10166312

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City WASHINGTON State DC Zip Code [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 8/28/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
YS3DD75H6Y7 [REDACTED] Make SAAB Model 9-3 CONVERTIBLE Model Year 2001 / Late December 2000
Date Purchased 13 OCT-04 Dealer's Name and Telephone Number VOB SAAB Engine: No: Cylinders 4 Fuel Type: Gas
Original Owner ☐ Dealer's City Rockville State MD Zip Code [REDACTED]
Transmission Type ☒ Antilock Brakes Powertrain Vehicle Component Code
MANUAL ☒ Cruise Control FRONT WHEEL DRIVE 072200 FUEL SYSTEM, GASOLINE: DELIVERY: HOSES, LINES/PIPING, .
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 23-AUG-2006 Failure Mileage 39500 Failure Speed stopped at traffic light Gas leak

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) ☐ Original Equipment Failure Location:
☐ Prior Repair
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 ☐ Yes ☒ No Fire ☐ Yes ☒ 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 GASOLINE LEAKED ONTO THE ENGINE DUE TO LOOSENED FUEL LINES ON THE FUEL PUMP. THERE WAS AN NHTSA RECALL, # 06V126000 REGARDING THE FUEL SYSTEM, GASOLINE: DELIVERY: HOSES, LINES/PIPING, AND FITTINGS. THE VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO THE VIN.

-There is a similar recall for GM

[see reverse]

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)

- Both the Saab Customer Service, and the Service Dealer refused to acknowledge the recall or the fault. Also They were not ~~re~~ prepared to reimburse the towing or the repair charges.
- The car could not start ^{have been} - because it was a fire hazard.
- Eventually, the ~~for~~ same fault (as the recall) was repaired by the dealer concerned at my expenses on 21 August '06 totalling
ATTACH ADDITIONAL SHEETS IF NECESSARY \$ 210 plus \$ 73 towing charges.

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

Official Business
Penalty for Private Use \$300

SUBURBAN POST

AND DATE

25 AUG 2006 PM 1 L

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**



Vehicle Owner's Questionnaire (VOQ)
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National Highway Traffic Safety Administration