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

2007 NOV -2 AM 7:05

FOR AGENCY USE ONLY 100148

Date Received	Repository
19-OCT-2007	☐
	Reference No. 10206286

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City / State CT / Zip Code		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a r name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
YS3EF58Z4Y	SAAB	9-5	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
12-NOV-03	SAAB OF WESTPORT 203-227-7287			No: Cylinders 6	Gas
Original Owner ☐	Dealer's City WEST PORT	State CT	Zip Code 06880		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain FRONT WHEEL DRIVE	116200 ELECTRICAL SYSTEM:IGNITION:MODULE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
09-OCT-2007	78015	~~60~~ 5	Engine light came on while passing through E-Z Pass Toll.

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: DOTMAL9ABC036)	☐ 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 ☒ No	☐ Yes ☒ No	0	0	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). 5 mph going through EZ Pass Toll Lane

TL*THE CONTACT OWNS A 2000 SAAB 9-5. WHILE DRIVING ~~BETWEEN 60-65 MPH,~~ THE ENGINE LIGHT ILLUMINATED AND REMAINED LIT. THE VEHICLE WAS TAKEN TO A MECHANIC AND THE ELECTRICAL SYSTEM:IGNITION:MODULE WAS REPAIRED; HOWEVER, THE DEALER STATED THAT HER VIN WAS NOT INCLUDED IN NHTSA CAMPAIGN ID NUMBER 05V399000. THE CURRENT AND FAILURE MILEAGES WERE 78,015.

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