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

2009 MAR 27 AM 11:02

FOR AGENCY USE ONLY 100148

Date Received	Repository
10-MAR-2009	
	Reference No. 10261423

OWNER INFORMATION (Type or Print)

Name			
Address			
City LEWINSTON	State NY	Zip Code	

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owne _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
YS3FB49S441	SAAB	9-3	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
12/27/03	Checkpoint Foreign Cars S.&S. Inc.			No: Cylinders	
Original Owner ☒	Dealer's City KENMORE	State NY	Zip Code 14223	4	Unleaded

Transmission Type		Powertrain	Multiple Failure:	Incident Date(s)
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	2.0L Turbo Charged	Front Coil Spring	02-FEB-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 021000 SUSPENSION: FRONT	Failure Mileage	Failure Speed
	57000	3

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).

TL*THE CONTACT OWNS A 2004 SAAB 9-3. WHEN ATTEMPTING TO REVERSE THE VEHICLE AT 3 MPH, THE CONTACT SMELLED A BURNING RUBBER ODOR AND HEARD A LOUD NOISE. HE NOTICED THAT THE FRONT PASSENGER SIDE COIL SPRING FRACTURED AND PUNCTURED THE TIRE. THE DEALER WOULD NOT ASSIST WITH THE REPAIRS BECAUSE THERE WERE NO RECALLS AVAILABLE. THE VEHICLE HAS NOT BEEN REPAIRED. THE FAILURE AND CURRENT MILEAGES WERE 57,000.

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Car Was parked in garage. As I was backing up, I heard some bad metal noise (sounded like the ~~tires~~ brakes were locked-up). Then the smell of rubber permeated inside the car. So, I ~~drove~~ rolled the car back into the garage and then noticed that the left front coil was broke and rusted.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use $300

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