



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-STOP (1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository ☐

10-MAR-2009

Reference No.
10261423

OWNER INFORMATION (Type or Print)

Name

Address

City

LEWISTON

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 Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
YS3FB49S441

Make
SAAB

Model
9-3

Model Year
2004

Date Purchased
12/27/03

Dealer's Name and Telephone Number

Checkpoint Foreign Cars S&S, Inc

Engine:

No: Cylinders

Fuel Type:

Unleaded

Original Owner
☒

Dealer's City

KENMORE

State

NY

Zip Code

14223

Incident Date(s)

02-FEB-2009

Transmission Type

☒ Antilock Brakes

Powertrain

2.0L Turbo Charged

Multiple Failure:

Front Coil Spring

AUTOMATIC

☒ Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 021000 SUSPENSION: FRONT

Failure Mileage

57000

Failure Speed

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: DOTM19ABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

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).

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

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)

Car Was parked in garage. As I was backing up, I heard some bad metal noise (sounded like the ~~ties~~ brakes were locked-up). Then the smell of rubber permeated inside the car. So, I ~~drive~~ 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

BUFFALO NY 142

12 MAR 2009 PM 5 L

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NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL

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WASHINGTON, DC

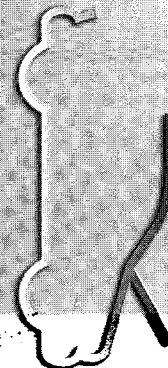
POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**

20077+9382



**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)
U.S. Department of Transportation
National Highway Traffic Safety Administration

safercar.gov