



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

04-DEC-2009

Repository ☐

Reference No.
10294498

OWNER INFORMATION (Type or Print)

Name

Address

City

PILOT MOUNTAIN

State

NC

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

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

YS3EF48Z3Y

Make

SAAB

Model

9-5

Model Year

2000

Date Purchased

SEP 26, 2003

Dealer's Name and Telephone Number

MOUNTAINVIEW AUTO

Engine:

No: Cylinders

Fuel Type:

ATX

Original Owner

☐

Dealer's City

BECKLEY

State

WV

Zip Code

25801

Transmission Type

AUTO

☐ Antilock Brakes

☐ Cruise Control

Powertrain

Multiple Failure:

Incident Date(s)

22-NOV-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE

Failure Mileage

190708

Failure Speed

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: DOTM9ABC036)

☐ 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

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).

TL*THE CONTACT OWNS A 2000 SAAB 9-5. THERE WAS A STRONG FUEL ODOR LEAKING FROM THE VEHICLE. THE CONTACT OBSERVED THAT FUEL WAS LEAKING FROM THE GAS TANK. THE VEHICLE WAS TOWED TO A REPAIR FACILITY THE FOLLOWING DAY SINCE ALL OF THE FUEL LEAKED OUT OF THE VEHICLE. A MECHANIC ADVISED HIM THAT RECALL 07V087000, FUEL WAS RELATED TO THE FAILURE; HOWEVER, HIS VIN WAS NOT INCLUDED. THE VEHICLE WAS REPAIRED AT THE OWNERS EXPENSE. THE MANUFACTURER ALSO CONFIRMED THAT HIS VIN WAS NOT A PART OF THE RECALL. THE CURRENT MILEAGE WAS 191,535 AND THE FAILURE MILEAGE WAS 190,708.

LOST TANK FULL OF GAS \$41.00

REPAIR BILL \$105.91

TOW BILL \$70.00

\$216.91

OVER

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)

WHY WAS MY VEHICLE NOT IN RECALL?
PART # FUEL PUMP - 305870TT FOR 1999-2005
SAME PART - 9-5 SAAB
SAME FUEL PUMP - 2000 9-5 - NOT
IN SAFETY RECALL - WHY NOT!

THANK YOU!

ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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

GREENSBORO, NC 27409
FEDERAL TRIAD AREA
14 DEC 2009 PM 2:11

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL

PERMIT NO. 1888

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**



**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



Pilot Mtn. Rapid Lube
Here For All Of Your Automotive Needs
117 Foothill Drive
Pilot Mtn., N.C. 27041
336-368-8800

Road Service

190708

DATE 11/23/09	TIME	A.M. P.M.	REQUESTED BY	P.O. NO.
NAME			PHONE	
ADDRESS				
CITY Pilot Mtn.			STATE NC	
LOCATION OF VEHICLE Stone Drive Pilot Mtn.				
YEAR, MAKE, MODEL 00 Saab 95			COLOR LK	DRIVER
STATE NC	VEHICLE I.D. NO. YS3ET4820Y3	REGISTERED OWNER		
MILEAGE		SERVICE TIME		EXTRA PERSON
FINISH		FINISH		FINISH
START		START		START
TOTAL		TOTAL		TOTAL
REASON FOR TOW			SPECIAL EQUIPMENT	
☐ ACCIDENT ☐ ABANDONED ☐ FLAT TIRE			☐ SINGLE LINE WINCHING	
☐ ARREST ☐ STOLEN CAR ☐ OUT OF GAS			☐ DUAL LINE WINCHING	
☐ UNREGISTERED ☐ BREAK DOWN ☐ IMPOUNDED			☐ SNATCH BLOCKS	
☐ TOW ZONE ☐ LOCK OUT ☐			☐ SCOTCH BLOCKS	
☐ SNOW REMOVAL ☐ START ☐			☐ DOLLY	
TYPE OF TOW		TOWED PER ORDER OF		VEHICLE TOWED TO
☐ SLING/HOIST TOW ☐ FLAT BED/RAMP ☐ WHEEL LIFT ☐		☐ STATE POLICE ☐ LOCAL POLICE ☐ OWNER ☐ DEALER		FIRST TOW SECOND TOW
STORAGE FROM			TOWING CHARGE	50.00
TO _____ DAYS @ \$ _____			MILEAGE CHARGE	20.00
PAID BY			EXTRA PERSON	
☐ CASH ☒ CHECK DRIVERS LIC. NO. _____			SPECIAL EQUIPMENT	
☐ CREDIT CARD ☐ MC ☐ VISA ☐ AMEX EXP. DATE _____			LABOR CHARGE	
CC NO. _____			STORAGE	
OPERATOR _____ DATE _____				
TRUCK NO. _____			SUB-TOTAL	
AUTHORIZED SIGNATURE _____ DATE _____			TAX	
VEHICLE RELEASED TO _____ DATE _____			TOTAL	70.00

1162

Not responsible for loss or damage to vehicle
in case of fire, theft or any other cause beyond our control.

Thank You
PRODUCT 2525

