

INFORMATION Redacted PURSUANT TO THE FREEDOM OF



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

**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 OPEN BY USE ONLY 100148  
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**OWNER INFORMATION (Type or Print)**

Name	[REDACTED]			Daytime Telephone Number	[REDACTED]		E-mail Address
Address	[REDACTED]			Evening Telephone Number	SAME		
City	BELLBROOK	State	OH	Zip Code	[REDACTED]		

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	Make	Model	Model Year
JF4GG61685H [REDACTED]	SAAB	9-2X	2005
Date Purchased	Dealer's Name and Telephone Number		Engine:
INHERITED	[REDACTED]		No. Cylinders
Original Owner	Dealer's City:	State	Zip Code
<input type="checkbox"/> New <input type="checkbox"/> Used	[REDACTED]	[REDACTED]	[REDACTED]
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:
AUTO	<input checked="" type="checkbox"/> Cruise Control	[REDACTED]	Incident Date(s): 01-JUN-2015

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 140000 AIR BAGS	Failure Mileage	Failure Speed
[REDACTED]	[REDACTED]	[REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE:**

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
[REDACTED]	[REDACTED]	[REDACTED]
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
[REDACTED]	[REDACTED]	[REDACTED]
Tire Component Code:	Tire Failure Type:	
[REDACTED]	[REDACTED]	

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:	Date Manufactured:	Model No./Name:
[REDACTED]	[REDACTED]	[REDACTED]
Seat Type:	Installation System:	
[REDACTED]	[REDACTED]	
Child Seat Component Code:	[REDACTED]	

**APPLICABLE INCIDENT INFORMATION**

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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	[REDACTED]	[REDACTED]	[REDACTED]

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 2005 SAAB 9-2X, THE CONTACT STATED THAT THE RECALL NOTICE FOR NHTSA CAMPAIGN NUMBER: 15V323000 (AIR BAGS) WAS RECEIVED IN JUNE OF 2015. AFTER CONTACTING THE DEALER AND THE MANUFACTURER ON MULTIPLE OCCASIONS, THE CONTACT WAS INFORMED THAT THE PARTS NEEDED TO REPAIR THE VEHICLE WERE STILL NOT AVAILABLE AND NO ESTIMATED TIME FOR RECEIVING THE PARTS COULD BE GIVEN. THE CONTACT HAD NOT EXPERIENCED A FAILURE.

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.