



U.S. Department of Transportation

National Highway Traffic Safety Administration

INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)

FOR AGENCY USE ONLY 100148

Vehicle Owner's Questionnaire
 To Report Vehicle Safety Defects
 1-888-DASH-2-DOT
 (1-888-327-4236)
 INTERNET: www.nhtsa.dot.gov/hotline

Date Received 13-JUL-2016	Repository <input type="checkbox"/>
	Reference No. 10884589

OWNER INFORMATION (Type or Print)

Name: [Redacted]
 Address: [Redacted]
 City: OWLS HEAD State: ME Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
 Evening Telephone Number: SAME
 E-mail Address: [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 YS3FD49Y671 [Redacted]	Make SAAB	Model 9-3	Model Year 2007
Date Purchased 6/30/2007	Dealer's Name and Telephone Number Barry's of Newport, RI		Engine: No. Cylinders 4
Original Owner <input checked="" type="checkbox"/>	Dealer's City Newport	State RI	Zip Code 02842
Transmission Type Automatic Manual	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain ?	Multiple Failure: No ?
		Incident Date(s) 13-JUL-2016	None

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS Didn't fail on recall Notified for recall safety repair	Failure Mileage —	Failure Speed —
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make NA Perretti	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type:	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: NA	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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N	Yes No
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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* TAKATA RECALL. THE CONTACT OWNS A 2007 SAAB 9-3. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 16V063000 (AIR BAGS); HOWEVER, THE PART TO DO THE REPAIR WAS UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE REPAIR. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE. VIN TOOL CONFIRMS PARTS NOT AVAILABLE.

Thank you for your time. Mailed 8/21/2016 [Redacted] Owner of Vehicle

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.