

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

U.S. Department
of TransportationNational 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 AGENCY USE ONLY 100148

Date Received

02-SEP-2016

OCT 14 2016

Repository ☐Reference No.
10903303**OWNER INFORMATION (Type or Print)**

Name [REDACTED]
 Address [REDACTED]
 City BROADVIEW HGTS State OH Zip Code [REDACTED]

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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
 YS3FA7CY6A1 [REDACTED] Make SAAB Model 9-3 Model Year 2010
 Date Purchased Dealer's Name and Telephone Number Engine: No: Cylinders Fuel Type:
 Original Owner Dealer's City State Zip Code
 Transmission Type ☐ Antilock Brakes Powertrain Multiple Failure: Incident Date(s)
☐ Cruise Control 03-FEB-2016

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 140000 AIR BAGS Failure Mileage 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: DOTM19ABC036) ☐ Original Equipment Failure Location:
☐ Prior Repair
 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* TAKATA RECALL. THE CONTACT OWNS A 2010 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 RECALL REPAIR. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE. THE CONTACT HAD NOT EXPERIENCED A FAILURE. VIN TOOL CONFIRMS PARTS NOT AVAILABLE.

ALL INFO IS CORRECT. CAR IS MY WIFE'S
 Thank you,

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.