


INFORMATION Redacted PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

 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 02-JUN-2017 AUG 28 2017	Repository <input type="checkbox"/> Reference No. 10992890	
OWNER INFORMATION (Type or Print)		Daytime Telephone Number [REDACTED]	E-mail Address
Name [REDACTED]	Address [REDACTED]	Evening Telephone Number	
City ROCHESTER	State NY	Zip Code [REDACTED]	
<i>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).</i>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side YS3FA4CYXB1 [REDACTED]	Make SAAB	Model 9-3	Model Year 2011
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 11-MAY-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)	<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:	Date Manufactured:	Model No./Name:	
Seat Type:	Installation System:		
Child Seat Component Code:		Failed Part:	
APPLICABLE INCIDENT INFORMATION <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2011 SAAB 9-3. THE CONTACT RECEIVED NOTIFICATION OF NHTSA CAMPAIGN NUMBER: 16V063000 (AIR BAGS); HOWEVER, THE PARTS TO DO THE REPAIR WERE UNAVAILABLE. THE CONTACT STATED THAT THE MANUFACTURER EXCEEDED A REASONABLE AMOUNT OF TIME FOR THE RECALL REPAIR. DORSHAL AUTOMOTIVE WAS CONTACTED AND CONFIRMED THAT THE PARTS WERE NOT AVAILABLE FOR THE RECALL REMEDY. THE MANUFACTURER WAS MADE AWARE OF THE ISSUE AND INITIALLY INFORMED THE CONTACT THAT THE PART WAS BEING SENT; HOWEVER, THE CONTACT STILL WAS NOT ABLE TO GET THE RECALL REMEDIED DUE TO THE LACK OF PART AVAILABILITY. THE CONTACT HAD NOT EXPERIENCED A FAILURE. PARTS DISTRIBUTION DISCONNECT.			
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.			



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

1200 New Jersey Avenue SE
Washington, DC 20590

Dear Consumer:

NEF-160

As a follow-up to your report to the Vehicle Safety Hotline (VSH), we have recorded your information on the enclosed Vehicle Owner's Questionnaire (VOQ) form. Please review the form and make changes, additions and corrections as necessary. Additionally, please provide a more detailed description of the failure(s) you reported that you believe relevant to safety. Also, if available, include copies of repair invoices, letters to the manufacturer, or any other document related to the problem(s) you reported. If a crash or fire occurred, include a copy of the police or fire department report.

It is helpful to be as thorough as possible in your report so that our ability to use your report will be maximized. If you do not have the information, it is not necessary to complete all the boxes. However, it is very difficult to identify the scope of a vehicle problem unless the vehicle identification number (VIN) is known. The VIN is located inside the vehicle on the dashboard adjacent to the left (driver's side) of the windshield pillar and on the drivers' door or the driver's door jam. It may also be listed on a dealer repair invoice or your insurance or registration cards. When reporting a tire problem, the brand name, tire line and complete tire size should be included. Be certain to provide the DOT tire identification number. It is usually located near the rim flange of the tire on either side of the tire.

We do not make your personal information (name, address, phone numbers, etc.) available to the general public. However, if we open an investigation that involves your vehicle, we will provide the manufacturer of your vehicle with a complete copy of your report. The information you provide may assist the manufacturer and NHTSA in determining if a safety-related defect exists.

Any information provided is entirely voluntary. There is no consequence or penalty of any kind if you do not wish to provide it. We seek this information to develop both statistical and investigative evidence that will help identify potential safety related problems in vehicles or vehicle equipment, e.g., tires, child safety seats, jacks, etc.

When completed, please fold and staple or tape the form so that the pre-addressed portion of the form is on the outside. If a larger envelope is used, tape the VOQ form to the larger envelope so that the pre-addressed portion of the form is showing.

If further assistance is needed, please contact the VSH at their toll-free number, 1-888-327-4236.

Thank you for your cooperation.

Sincerely,

Randy Reid Chief
Correspondence Research Division
Office of Defects Investigation
Enforcement

Enclosure: VOQ

I called the National Highway Traffic Safety Council and within about 2-3 weeks the problem was resolved. Thank you so very much!

★★★★★
NHTSA
www.nhtsa.gov



SERVICE DEPARTMENT HOURS
 7:30 a.m. to 6:00 p.m.
 Monday - Friday
 8:00 a.m. to 4:00 p.m. Saturday

N.Y.S Facility ID# 7048330

R/O Open Date	R/O Number
6/26/17	[REDACTED]
R/O Close Date	Status
6/26/17	Pre-Invoice
Mileage In	Mileage Out
83278	83280
Service Advisor / Tag #	
ANDREW HONAN	

[REDACTED]			Work Phone	Vehicle Identification Number	
GREECE, NY [REDACTED]			Home Phone	YS3FA4CYXB1 [REDACTED]	
Year	Make	Model	Body	Color	License Number
2011	SAAB	9-3	SEDAN		

DESCRIPTION OF SERVICE AND PARTS	AMOUNT
Email: [REDACTED]	
#1 - 04SAZ: RECALLS & CAMPAIGNS 15041 Corrected by Work performed by Corey Wehle (CW1) Installed 39095647 :Inflatable bag Qty: 1 Freight: COMPLETE	Warranty Warranty Warranty

TOYOTA - SCION 3399 W. HENRIETTA RD. - ROCHESTER, NY 14623 (585) 475-1700 LEXUS - SAAB - NISSAN - INFINITI - VOLKSWAGEN - KIA - ISUZU 3817 W. HENRIETTA RD. - ROCHESTER, NY 14623 (585) 475-1700	LABOR	.00
	PARTS	.00
NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.	DEDUCTIBLE	.00
	SUBLET	.00
VISIT US AT WWW.DORSCHEL.COM	SHOP SUPPLIES	.00
	HAZARDOUS MATERIALS	.00
X	SALES TAX OR TAX I.D.	.00
	SPECIAL ORDER DEPOSIT	.00
DATE _____ AMT _____	DISCOUNTS	.00
	TOTAL DUE	.00
METHOD OF PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> VISA/MC <input type="checkbox"/> AMEX/DISC <input type="checkbox"/> TRAVEL CKS. <input type="checkbox"/> EXT. WARR. <input type="checkbox"/> REC. ACCT. <input type="checkbox"/> INITIALS		Thank You! WE APPRECIATE YOUR BUSINESS