



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

29-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

762407

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Locate at bottom of windshield and driver's side door) YS3AL75L6M7011050	Vehicle Make SAAB	Vehicle Model 900	Vehicle Year 1991	Current Odometer Reading
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Purchase Date 01-MAR-2091	Dealer's Name _____	Engine Size (CID/CC/L) 2.0	☒ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
	Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12320000	Part Name(s) INTERIOR SYSTEMS:SEAT LATCH	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 2	Date(s) of Failure(s) 24-MAY-2002	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 84000		
	Vehicle Speed at Failure(s) 0		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

SEAT BACK ON BOTH FRONT SEATS HAVE FAILED. RECLINING MECHANISM DOES NOT RETURN THE SEAT BACKS TO THE CORRECT POSITION. THE POSITION OF THE SEAT BACK IMPAIRS THE DRIVERS ABILITY TO OPERATE THE VEHICLE CORRECTLY. I HAVE LOCATED TWO CABLES ON BOTH SEATS THAT HAVE SNAPPED AND ARE THE CAUSE. THESE ARE PERMANTE PIECES THAT REQUIRE SEAT REPLACEMENT. I CONSIDER THEM A MANUFACTURING DEFECT.

COPIES OF THIS FORM ARE:

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.