

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

241

Date Received

18-MAY-2000

Od_or

rt_dt

od_rt

up_ltr

Reference No.

862149

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.) (located at front of vehicle or on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
Y53CK65B7P1015015	SAAB	9000	1993	

Purchase Date

Dealer's Name

Engine Size

(CID/CCL

☐ Turbo☐ Diesel☐ Gas☐ Fuel Injection☒ New ☐ Used

City _____ State _____ Zip Code _____

No. Cylinders

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☒ Yes☒ 3-Point Belt☐ Motorbelt☐ Yes☐ Front☐ Car☐ Sport Vlt☐ 2-Door☐ Automatic☐ No☒ Driverside Airbag☐ 2-Point Belt☒ No☐ Rear☐ Van☐ Truck☐ 4-Door☐ Passengerside Airbag☐ Mini van☐ Motorcycle☐ Station wagon☐ Other☐ Other☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02150000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:LOWER	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
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No. of Failures

Date(s) of Failure(s) 22-NOV-1999

Mileage at Failure(s) 02500

Vehicle Speed at Failure(s)

Failed Part(s)
Available?NHTSA Previously
Contacted?☐ Yes ☐ No☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

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

Crash

Fire

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

Reported to Police

☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE PULLING FROM A STOP POSITION, THE LOWER CONTROL ARM HAVE BROKEN; APPEAR TO HAVE SHEARS IN TWO. PART IS AVAILABLE FOR INSPECTION IF NEEDED. DEALER/MFR. WAS NOT CONTACTED AT THIS TIME.

CONTINUE ON BACK IF NEEDED

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.

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 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

862149

 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) (Listed at front of windshield or drivers side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
Y53CK65B7P1015015	SAAB	9000	1993	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ 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 ☐ Motorbell ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02150000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:LOWER	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 22-NOV-1999 Mileage at Failure(s) 02500 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☐ No

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 Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE PULLING AWAY FROM A STOP LOWER CONTROL ARM BROKE. APPEARED TO HAVE SHEARED IN TWO PARTS. PARTS WERE AVAILABLE FOR INSPECTION IF NEEDED. DEALER/MANUFACTURER WERE NOT CONTACTED AT THIS TIME. *AK

CONTINUED ON BACK (REVERSE)

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DATE RECEIVED

JUN 20 PM 1:00
18-MAY-2000OFFICE
EFFECTS INVESTIGATION
 Od_or _____
 Rt_d1 _____
 Od_rt _____
 Up_itr _____

Reference No.

862149

OWNER INFORMATION (Type or Print)

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☒ YES☐ NO

In the absence of an authorized signature, NHTSA will not accept your name and address to the vehicle manufacturer.

Signature of Owner

Date 6/11/00

VEHICLE INFORMATION

 Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) Y63CK65B7P1016015
 Vehicle Make SAAB
 Vehicle Model 9000
 Vehicle Year 1993
 Current Odometer Reading 87221

Purchase Date

4-93

Dealer's Name GASTON ANDRE SAAB

Engine Size
(CID/CC/L)

No Cylinders 4

☐ Turbo
☐ Diesel
☒ Gas
☐ Fuel Injection
☒ New ☐ Used

City BROOKLINE State MA Zip Code

Transmission Type ☒ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other 5-Door
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02150000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:LOWER	Location ☒ Left ☒ Front ☐ Right ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures 1	Date(s) of Failure(s) 22-NOV-1999 Mileage at Failure(s) 82800 Vehicle Speed at Failure(s)	Failed Part(s) Available? ☒ Yes ☐ No	NHTSA Previously Contacted? ☒ Yes ☐ No

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 0	Number of Fatalities 0	Estimated Property Damage \$1200-	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE PULLING AWAY FROM A STOP LOWER CONTROL ARM BROKE. APPEARED TO HAVE SHEARED IN TWO PARTS. PARTS WERE AVAILABLE FOR INSPECTION IF NEEDED. DEALER/MANUFACTURER WERE NOT CONTACTED AT THIS TIME. *AK THEY IGNORED MY COMPLAINT

CONTINUE ON BACK IF NEEDED

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