



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 119

Date Received

29-MAR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

884529

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) <small>(Locate at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
YS3D78B2W7004343	SAAB	900	1998			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12112300	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR:P	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <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 Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS PARKED AND PASSED IN OFF POSITION AND FOR NO CAUSE PASSENGER'S SIDE AIR BAG DEPLOYED. CONSUMER HAS YET TO CONTACT DEALER. PLEASE PROVIDE ANY FURTHER DETAILS.*AK

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.



U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

Vehicle Owner's Questionnaire (VOQ)

FOR AGENCY USE ONLY 118

Date Received: 29-MAR-2001
 Reference No.: 884529
 Work Unit: [Redacted]
 Home Number: [Redacted]

Do you authorize NHTSA to contact you or the vehicle manufacturer in the absence of your signature or otherwise? YES NO
 Signature of Owner: [Redacted] Date: 3/19/01

Vehicle Identification Number (VIN): Y33D7862W7004343
 Vehicle Make: SAAB
 Vehicle Model: 900
 Vehicle Year: 1998
 Current Odometer Reading: 28K

Purchase Date: 3/19/01
 Dealer's Name: SAAB WASHINGTON NORTH
 City: WASHINGTON DC zip code: 20054
 Engine Size (CID/CCL): 4
 No cylinders: 4
 Turbo Diesel Gas Fuel Injection

Transmission Type: Automatic Manual
 Restraint System: 3-Point Belt Motorbelt
 Cruise Control: Yes No
 Drive Train: Front Rear 4-Wheel
 Vehicle Type: Car Van Truck Motorcycle Other
 Body Style: 2-Door 4-Door Station Wagon Pick Up Truck Other

Component: 12112300
 Part Name(s): INTERIOR SYSTEMS-PASSIVE RESTRAINT AIR BAG-SIDE DOOR
 Location: Right Left Front Rear
 Failed Part(s): Original Replacement

No of Failures: 1
 Date(s) of Failure(s):
 Mileage at Failure(s): 28
 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: 1
 Number of Fatalities: 0
 Estimated Property Damage:
 Reported to Police: Yes No

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

VEHICLE WAS PARKED AND PASSED IN OFF POSITION AND FOR NO CAUSE PASSENGER'S SIDE AIR BAG DEPLOYED. CONSUMER HAS YET TO CONTACT DEALER. PLEASE PROVIDE ANY FURTHER DETAILS. AK
 NORTH SHORE SAAB (DEALER) MADE REPAIR
 THEY INDICATED TO ME THAT THE COMPUTER DID NOT SHOW A AIR-BAG ON THE PASSENGER SIDE OF THE VEHICLE.
 THEY HAD NO IDEA WHY IT WENT OFF.

CONTINUE ON BACK - HEF010
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