Form Approved: OMB No. 2127-0042

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 1039

Date Received: 26-SEP-2001

Od_or
rt_dt
od_rt
np_ltr

Reference No.: 896878

[redacted]

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.) (Location of number and check digit)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
PLEASE ADD VIN	SAAB	9-3	1999	

Purchase Dat
☐ New ☒ Used

Dealer's Name_____
City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
01000000	STEERING	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
	31-AUG-200 29 Mileage at Failure(s)_____	☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHILE DRIVING 60 MPH STEERING WENT COMPLETELY OUT, AND CUSTOMER LOST CONTROL. BUT, WAS ABLE TO GET IT OFF ROAD. CONTACT DEALEr, AND WAS TOLD THIS WAS A COMMON PROBLEM.*AK

CONTINUED ON REVERSE

Form Approved O.M.B. No. 2127-0008

U.S. Department of Transportation
National 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 1039

Date Received: 25-SEP-2001

Od_or
rt_dt
dt_rt
up_ltr

Reference No. 896878

OWNER INFORMATION (Type or Print)

[redacted] 7214

Work Number

Home [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of an a[illegible] NOT provide your name and address to th[illegible] manufacturer.

Signature of Owner [redacted] Date 10/11/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
YS3DD38N5X2021425 PLEASE ADD VIN	SAAB	9-3	1999	29,473

Purchase Date 10/99 [ ] New [X] Used

Dealer's Name GOLD COAST SAAB
City Pompano Bch State FL Zip Code 33063

Engine Siz (CID/CC/L ____ No Cylinders ____
[X] Turbo [ ] Diesel [ ] Gas [ ] Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
[ ] Manua [X] Automatic	[ ] Yes [X] No	[X] 3-Point Belt [X] Driverside Airbag [X] Passengerside Airbag [ ] Motorbelt [ ] 2-Point Bel	[ ] Yes [X] No	[X] Front - [ ] Rear [ ] 4-Wheel	[X] Car [ ] Van [ ] Minivan [ ] Other [ ] Sport Ut [ ] Truck [ ] Motorcycle	[X] 2-Door [ ] 4-Door [ ] Stationwagon [ ] Pick Up [ ] Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
01000000	STEERING	[ ] eft [ ] Right [ ] ront [ ] Rear	[X] Original [X] Replacemen

No of Failures: ONE

Date(s) of Failure(s): 31-AUG-2001
Mileage at Failure(s): 29
Vehicle Speed at Failure(s): ____

Failed Part(s) [ ] Yes [ ] No

NHTSA Previously [ ] 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 [X] No	[ ] Yes [X] No	0	0	0	[ ] Yes [X] No

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

WHILE DRIVING 60 MPH STEERING WENT COMPLETELY OUT, AND CUSTOMER LOST CONTROL. BUT, WAS ABLE TO GET IT OFF ROAD. CONTACT DEALER, AND WAS TOLD THIS WAS A COMMON PROBLEM. AK SAAB INTL WAS Notified + I was told that it was Not A significant problem Both Dealer + Home office were not Concerned And offered No Recourse

CONTINUE ON BACK IF NEEDED