



# DOT Auto Safety Hotline

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

**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 1307

Date Received	Repository <input type="checkbox"/>
2003 APR -9 PM	Reference No. 10009782

### OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City MIAMI	State FL	Zip Code

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
 Signature of Owner \_\_\_\_\_ Date 02/23/03

### VEHICLE INFORMATION

Make VOLVO	Model S60	Model Year 2001
Date Purchased 01-20-01	Dealer's Name and Telephone Number DEEL VOLVO	Engine: No. Cylinders 5
Original Owner	Dealer's City MIAMI	State Zip Code
Transmission Type ASIN AUTO	<input checked="" type="checkbox"/> Anti-lock Brakes <input checked="" type="checkbox"/> Powertrain <input checked="" type="checkbox"/> Brake Control	Fuel Type: UNLEADED
Vehicle Component Code 06000 ENGINE AND ENGINE COOLING		Multiple Failure:

### FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Message 4000	Failure Speed
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### 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: DOTM13ABC036)	<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	

### APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

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
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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).

WHEN THE VEHICLE WAS AT IDLE IT SHOOK. THE DEALERSHIP CLEANED THE THROTTLE, BUT THE PROBLEM STILL EXISTED. \*NHTSA  
 AFTER MANY TIMES (4) AT THE DEALER FOR REPAIRS  
 IT WAS FOUND A PROBLEM WITH THE VALVES;  
 THERE WERE FRACTURED. LEASE WAS TERMINATED  
 AS A RESULT.  
 ALSO ELECTRICAL BULBS FROM FRONT & TAIL  
 HAVE FAILED (12) TIMES. \*TIMING VALVES

Include, if available, Police/Pra Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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 detailed summary thereof, may be used in support of the agency's action.