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

DOT Auto Safety Hotline

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 335

Date Received: 11-APR-2003 (2003 MAY 27 AM 10:28)

Repository ☐

Reference No.: 10015719

OWNER INFORMATION (Type or Print)

Name: [redacted]

Address: [redacted]

City: MT. HOLLY | State: NJ | Zip Code: [redacted]

Daytime Telephone Number: [redacted]

Evening Telephone Number: [redacted]

E-mail Address:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of your authorization, we cannot release your name or address to the vehicle manufacturer.

Signature of Owner: [redacted] Date: 4/23/03

VEHICLE INFORMATION

[redacted]

Make	Model	Model Year
VOLVO	S40	2000

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Jun 2000	Cherry Hill Volvo - 856-665-4050	5	Gas Unleaded

Original Owner ☐ | Dealer's City | State | Zip Code

Transmission Type		Powertrain	Vehicle Component Code
Auto	☒ Antilock Brakes ☒ Cruise Control	Front Wheel Drive	121000 EXTERIOR LIGHTING: HEADLIGHTS

Multiple Failure: # 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
Feb '03 MARCH '03	14700 Miles 15610 Appx	0	Right and Left Headlights. Right went in Feb '03. Left went in MAR '03

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: DOTMAL9ABC036) | ☐ Original Equipment ☐ 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:	

Child Seat Component Code: | Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

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).

THE HEAD LIGHTS FAILED. *JB

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

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).