



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 231

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OWNER INFORMATION (Type or Print)

Name _____
Address _____
City STRATHAM State NH Zip Code _____

Daytime Telephone Number _____ E-mail Address _____
Evening Telephone Number _____

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 / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
YV1TS94B5Y1007654 Make: VOLVO Model: S80 Model Year: 2000
Date Purchased: 7-21-99 Dealer's Name and Telephone Number: Wentworth Motors Engine: No: Cylinders: 6 Fuel Type: unleaded
Original Owner: Dealer's City: Exeter State: NH Zip Code: 03833
Transmission Type: AUTO Antilock Brakes Powertrain: Cruise Control
Vehicle Component Code: 114100 ELECTRICAL SYSTEM: WIRING: FRONT UNDERHOOD
Multiple Failure: _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) _____ Failure Mileage _____ Failure Speed _____

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: DOTM19ABC036) 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 Yes No Fire Yes No
Number of Persons Injured _____ Number of Deaths _____ Reported to Police Y

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).

WHILE VEHICLE WAS PARKED AND WITHOUT ANY INDICATION VEHICLE CAUGHT ON FIRE COMING FROM THE ENGINE. MANUFACTURER WAS CONTACTED. *AK CAR WAS TOTALLED.

VEHICLE HAS HISTORY OF REPAIRS! CAR WAS PARKED AT MY HOME IN DRIVEWAY!
WAS IN FOR SERVICE AT LEAST FOUR TIMES FOR ENGINE FLUCUATION,
WHICH IT WAS DOING WHEN DRIVEN @ 1/2 HOUR BEFORE FIRE.
MAUFACTURER HAS DONE NOTHING! THEY CLAIM FIRE CAUSE
CANNOT BE DETERMINED - ENGINE TOO SEVERELY MELTED!

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

The Privacy Act of 1974 (Public Law 93-599) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.



