



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

DDT 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 100184

Date Received: 2004 JUN 24 PM 11:16
01-MAR-2004
Repository
Reference No. 10081030

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: MANALAPAN State: NJ Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Evening Telephone Number: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an address to the vehicle manufacturer. YES NO
Signature of Owner: [REDACTED] Date: / /

VEHICLE INFORMATION

17 digit vehicle identification number (located at bottom of windshield on driver's side): YV2TS94D3Y [REDACTED]
Make: VOLVO Model: S80 Model Year: 2000
Date Purchased: APPROX. 6/00 Dealer's Name and Telephone Number: RED BANK Volvo 732-741 5886
Original Owner: Dealer's City: RED BANK State: NJ Zip Code: [REDACTED] Engine: No. Cylinders: 6 Fuel Type: PREMIUM
Transmission Type: AUTO Antilock Brakes Powertrain: ? Vehicle Component Code: 1B0003 VEHICLE SPEED CONTROL
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 28-FEB-2004 Failure Mileage: 30000 88K Failure Speed: PARKED THROTTLE HOUSING, THROTTLE, & TRANSMISSION

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/85R15): [REDACTED]
DOT No. (Example: DOTM18ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: 1 Number of Deaths: 0 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 (e.g., parts repaired or replaced (and if old part is available)).

WHILE DRIVING AND PARKING VEHICLE PUT ITSELF IN REVERSE. THEN, ENGINE REVVED AND ACCELERATED ACROSS A MEDIAN AND CAME TO REST AGAINST TWO OTHER VEHICLES AND A ABUTMENT. THERE WERE NO INJURIES. *AK

DRIVER SUSTAINED
BACK INJURY.
UNDERGOING
THERAPY

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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.