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FROM : WILLIAM L. FOSTER 315-437-7255 PHONE NO. : 4716290 Apr. 03 2004 07:28PM P01

Form Approved: O.M.B. No. 2127-0086

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

Date Received
RECEIVED
2004 APR -5 A 9:40
DEFECTS INVESTIGATION

Od_or ___ ___
rl_dt ___ ___
od_rl ___ ___
up_ltr ___ ___

Reference No.

OWNER INFORMATION (Type or Print)

Name [redacted]

[redacted] Apt. No.

City: Syracuse | State: NY | Zip: [redacted] | Daytime Telephone Number: [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of [redacted] DOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 4 / 2nd / 04

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) (Located at bottom of windshield on driver's side)	Make	Model	Year
YVJJS8834N3086735O	VOLVO	940	1992

Purchased Date: 8/6/92 ☒ New ☐ Used
Dealer's Name:
Dealer's City: State: Zip Code:
Engine Size (CID/CC/L): No. Cylinders: 4 ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

Manufacture Date (on driver's door or pillar): 4/92

Transmission Type: ☐ Manual ☒ Automatic

Restraint System: ☒ Driverside Air Bag ☐ Motorbelt ☐ Passengerside Air Bag ☐ 3-Point Belt ☐ 3-Point Belt

Cruise Control: ☐ Yes ☐ No

Drivetrain: ☐ Front ☐ Rear ☒ 4-Wheel

Vehicle Type: ☒ Car ☐ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other

Body Style: ☐ 2-Door ☒ 4-Door ☐ Station wagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
Airbag	☒ Left ☐ Right ☒ Front ☐ Rear	☐ Original ☐ Replacement	☐ Yes ☒ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand: Tire Name:
Complete Tire Size: DOT No.

No. of Failures: Date(s) of Failure(s): Mileage at Failure(s): Vehicle Speed at Failure(s):
Failed Part(s) Available? ☐ Yes ☐ No
NHTSA Previously Contacted? ☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☒ No	☐ Yes ☒ No	1	0	☒ Yes ☐ No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies): Operating motor vehicle on 3/19/04 in City of Syracuse, State of New York. Following a stop at intersection, while travelling approximately 5 MPH, driver's side airbag deployed without collision. I sustained abrasions and chemical skin burns to both arms. I contacted Volvo Consumer Affairs on 3/22/04 and spoke to Patricia Sacus, tele. no. 1 800 458-1552, Ext. 1976. Car was inspected at Alan Dyer Volvo Inc. in Syracuse, NY on 3/24/04 by Volvo Field Technical Specialist Paul Wrisley. I requested a copy of Mr. Wrisley's report, but Ms. Sacus has refused, citing "confidentially." My understanding is that vehicle was subject of a 1994 safety recall, 94-V-185, but Ms. Sacus claims otherwise. I have been told by Ms. Sacus that airbag sensor was wet and corroded.

Continue on back

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