



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 100184

Date Received: 19-JUL-2004  
Repository:   
Reference No.: 10002188  
SEP 8: 20

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: STUDIO CITY State: CA 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?  YES  NO  
In the absence of [Redacted] provide your name or address to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: 7/29/04

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: YV1CZ59H64 [Redacted]  
Make: VOLVO Model: XC90 Model Year: 2004  
Date Purchased: [Redacted] Dealer's Name and Telephone Number: [Redacted] Engine: No. Cylinders: 4 Fuel Type: Gas  
Original Owner:  Dealer's City: [Redacted] State: [Redacted] Zip Code: [Redacted]  
Transmission Type: AUTOMATIC  
 Antilock Brakes Powertrain: [Redacted] Vehicle Component Code: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION  
 Cruise Control Multiple Failure: 1

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

Incident Date(s): 20-APR-2004  
Failure Mileage: 60  
Failure Speed: [Redacted]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]  
DOT No. (Example: DOTM1SABC036): [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: 0 Number of Deaths: 0 Reported to Police: 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 VEHICLE HAVE A PROBLEM WITH SEVERE ROLLOVER ON A SLIGHT INCLINE OR A STEEP HILL. THE VEHICLE IS AN AUTOMATIC TRANSMISSION, BUT RESPONDS LIKE A MANUAL TRANSMISSION VEHICLE WHEN ON ANY TYPE OF INCLINE. THE DEALER AND THE MANUFACTURER CLAIMS THAT THE VEHICLE IS DESIGNED TO DO THAT. \*LA

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Car has a severe roll back issue on any hill or moderate grade. In addition, the high torque of engine results in a severe lurch or burning tires when going from brake to gas. Manufacturer/dealer has advised that my wife needs to use two feet like a clutch which is itself neither realistic nor safe. This lack of hill stop or controlled roll back associated with most cars will certainly result in injury and property damage.

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



ATTACH ADDITIONAL SHEETS IF NECESSARY

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO 78173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM

OR

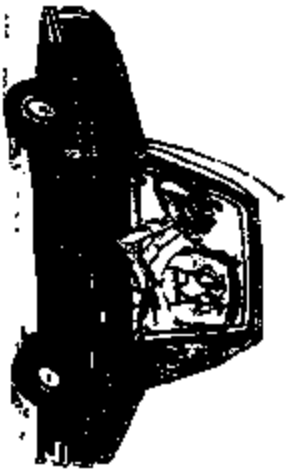
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and dial toll free at

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(DASH) 2 DOT



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