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 252-

Date Received	Repository ☐
07-MAR-2005 APR 28	Reference No. 10113610

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City: MADISON HEIGHTS	State: MI	Zip Code: [redacted]	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	Make	Model	Model Year
YV1VS25[redacted]	VOLVO	S40	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders 4	Fuel Type: Gas
Original Owner ☒	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	030000 SERVICE BRAKES, HYDRAULIC Multiple Failure: Y multiple

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
07-MAR-2005			multiple failures / Brakes

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: DOTMALSABC036)	☐ 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	0	0	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 DRIVER NOTICED WHILE IN COLD WEATHER WHEN THE VEHICLE WARMING UP THE BRAKE PEDAL WENT TO THE FLOOR. THERE WERE TIMES WHEN THE VEHICLE WOULD NOT WHEN THE BRAKE WAS APPLIED. THE CONSUMER DROVE TO THE DEALER. THE MECHANIC WAS UNABLE TO DUPLICATE THE PROBLEM. PLEASE FILL IN ADDITIONAL INFORMATION. *JB Problem is now not weather dependent; occurs more often only when ~~Vehicle~~ is cold. Little or no pedal pressure, Pedel goes to Floor and Vehicle just slows to a stop. Emergency Braking cannot occur!!

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