



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

2005 SEP 03 FOR AGENCY USE ONLY 100148

Date Received
02-AUG-2005
Repository
Reference No.
10131113

OWNER INFORMATION (Type or Print)

Name _____ Daytime Telephone Number _____ E-mail Address _____
Address _____
City VILLA RICA State GA Zip Code _____

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 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
YV1L561J072 _____ Make VOLVO Model S70 Model Year 2000
Date Purchased 01-JUN-04 Dealer's Name and Telephone Number _____ Engine: No. Cylinders 5 Fuel Type: Gas
Original Owner Dealer's City _____ State _____ Zip Code _____
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE
Vehicle Component Code 180000 VEHICLE SPEED CONTROL
Multiple Failure: 60

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-NOV-2004 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: DOTM18BABC036) 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 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).

DT: THE VEHICLE LOST POWER, THE ENGINE LIGHTS CAME ON. HAD TO PULL OVER TO THE SIDE AND RESTART THE VEHICLE. TOOK VEHICLE TO THE DEALER, WHO REPLACED THE THROTTLE BODY. LOST POWER WHEN SHIFTING FROM THIRD TO FOURTH GEAR 80% OF THE TIME. THE STC LIGHT COMES ON AT THE SAME TIME WHEN LOSING POWER. THIS HAPPENED INTERMITTENTLY. CHECKED THE SENSORS AND LET THE DEALER KNOW IT WAS HAPPENING AGAIN. THEN THEY SAID VEHICLE NEEDED A MODULE. THIS HAPPENED ON NOVEMBER 1, 2004. *AK


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.


ACTUALLY DESCRIBED 2 PROBLEMS WHICH HAD SIMILAR SYMPTOMS.
I REVISED ONE SHEET FOR EACH.

 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		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 100148 Date Received 02-AUG-2005		Repository <input type="checkbox"/> Reference No. 10131113	
OWNER INFORMATION (Type or Print)							
Name		Address		City		State	
[REDACTED]		[REDACTED]		VILLA RICA		GA	
Zip Code		City		State		Zip Code	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.							
Signature of Owner				Date: 1/1			
VEHICLE INFORMATION							
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side YV1LS61J0Y2 [REDACTED]				Make VOLVO		Model S70	Model Year 2000
Date Purchased 11/3 01-2004		Dealer's Name and Telephone Number PRIVATE PARTY				Engine: No. Cylinders 5	Fuel Type: Gas
Original Owner <input type="checkbox"/>		Dealer's City		State	Zip Code		
Transmission Type AUTOMATIC		<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control		Powertrain FRONT WHEEL DRIVE		Vehicle Component Code 180000 VEHICLE SPEED CONTROL	
				Multiple Failure: 60			
FAILED COMPONENT(S)/PART(S) INFORMATION							
Incident Date(s) 01-NOV-2004		Failure Mileage 90,000	Failure Speed 40-50	9 SW MODULE NEEDS REPLACING			
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: DOTM1ALBABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured		Number of Deaths	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).							
DT: THE VEHICLE LOST POWER, THE ENGINE LIGHTS CAME ON. HAD TO PULL OVER TO THE SIDE AND RESTART THE VEHICLE. TOOK VEHICLE TO THE DEALER, WHO REPLACED THE THROTTLE BODY. LOST POWER WHEN SHIFTING FROM THIRD TO FOURTH GEAR 30% OF THE TIME. THE STC LIGHT COMES ON AT THE SAME TIME WHEN LOSING POWER. THIS HAPPENED INTERMITTENTLY. CHECKED THE SENSORS AND LET THE DEALER KNOW IT WAS HAPPENING AGAIN. THEN THEY SAID VEHICLE NEEDED A MODULE. THIS HAPPENED ON NOVEMBER 1, 2004. *AK							
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.				ATTACH ADDITIONAL SHEETS IF NECESSARY			
The Privacy Act of 1974 (Public Law 93-502) 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.							


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 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 (1-888-327-4238) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
	Date Received 02-AUG-2005		Repository <input type="checkbox"/> Reference No. 10131113	
OWNER INFORMATION (Type or Print)				
Name [REDACTED]		Daytime Telephone Number [REDACTED]		
Address [REDACTED]		E-mail Address [REDACTED]		
City VILLA RICA	State GA	Zip Code [REDACTED]		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 WY1LS61J0Y2 [REDACTED]		Make VOLVO	Model S70	Model Year 2000
Date Purchased 10/03 01-JUN-04	Dealer's Name and Telephone Number LAURET PARTS		Engine: No: Cylinders 5	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City _____	State: _____	Zip Code _____	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 18000 VEHICLE SPEED CONTROL Multiple Failure: -ONE ONLY ONCE & HAD IT FIXED	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Incident Date(s) 01-NOV-2004	Failure Mileage 105,000	Failure Speed 40-50		
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) _____	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Deaths _____	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).				
DT: THE VEHICLE LOST POWER, THE ENGINE LIGHTS CAME ON. HAD TO PULL OVER TO THE SIDE AND RESTART THE VEHICLE. TOOK VEHICLE TO THE DEALER, WHO REPLACED THE THROTTLE BODY. LOST POWER WHEN SHIFTING FROM THIRD TO FOURTH GEAR 60% OF THE TIME. THE STC LIGHT COMES ON AT THE SAME TIME WHEN LOSING POWER. THIS HAPPENED INTERMITTENTLY. CHECKED THE SENSORS AND LET THE DEALER KNOW IT WAS HAPPENING AGAIN. THEN THEY SAID VEHICLE NEEDED A MODULE. THIS HAPPENED ON NOVEMBER 1, 2004. JAK				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.				
ATTACH ADDITIONAL SHEETS IF NECESSARY				
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OWNER INFORMATION (Type or Print) Name: [REDACTED] Address: [REDACTED] City: VILLA RICA State: GA Zip Code: [REDACTED]							
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner: _____ Date: 8/1/05							
VEHICLE INFORMATION 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side YV1LS01J0Y2 [REDACTED] Make: VOLVO Model: S70 Model Year: 2000 Date Purchased: 8/03/04 Dealer's Name and Telephone Number: [REDACTED] Engine: No. Cylinders: 5 Fuel Type: Gas Original Owner: <input type="checkbox"/> Dealer's City: _____ State: _____ Zip Code: _____ Transmission Type: AUTOMATIC <input checked="" type="checkbox"/> Am-lock Brakes Powertrain: FRONT WHEEL DRIVE Vehicle Component Code: 180000 VEHICLE SPEED CONTROL <input checked="" type="checkbox"/> Cruise Control Multiple Failure: 80							
FAILED COMPONENT(S)/PART(S) INFORMATION Incident Date(s): 01-NOV-2004 Failure Mileage: 90,000 Failure Speed: 40-50 <i>A NEW MODULE NEEDS REPLACING</i>							
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: DOTM1ALBABC036) <input type="checkbox"/> Original Equipment <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of Persons Injured: _____ Number of Deaths: _____ 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). DT: THE VEHICLE LOST POWER, THE ENGINE LIGHTS CAME ON, HAD TO PULL OVER TO THE SIDE AND RESTART THE VEHICLE, TOOK VEHICLE TO THE DEALER, WHO REPLACED THE THROTTLE BODY. LOST POWER WHEN SHIFTING FROM THIRD TO FOURTH GEAR 80% OF THE TIME. THE STC LIGHT COMES ON AT THE SAME TIME WHEN LOSING POWER. THIS HAPPENED INTERMITTENTLY. CHECKED THE SENSORS AND LET THE DEALER KNOW IT WAS HAPPENING AGAIN. THEN THEY SAID VEHICLE NEEDED A MODULE. THIS HAPPENED ON NOVEMBER 1, 2004. *AK							
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		OWNER INFORMATION (Type or Print)		Daytime Telephone Number		E-mail Address	
Name [REDACTED]		Address [REDACTED]		City VILLA RICA		State GA	
Zip Code [REDACTED]		Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Signature of Owner _____ Date _____	
VEHICLE INFORMATION							
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side YV1LS61J0Y2 [REDACTED]				Make VOLVO	Model S70	Model Year 2000	
Date Purchased 10/03 01-JUN-04		Dealer's Name and Telephone Number PLANTO WEST			Engine: No. Cylinders 5	Fuel Type: Gas	
Original Owner <input type="checkbox"/>		Dealer's City		State	Zip Code		Transmission Type AUTOMATIC
<input checked="" type="checkbox"/> Antilock Brakes		<input checked="" type="checkbox"/> Cruise Control		Powertrain FRONT WHEEL DRIVE		Vehicle Component Code 180000 VEHICLE SPEED CONTROL	
Multiple Failure: <i>BE ONLY ONE & HAD IT FIXED</i>							
FAILED COMPONENT(S)/PART(S) INFORMATION							
Incident Date(s) 01-NOV-2004		Failure Mileage 105,000		Failure Speed 10-50		[REDACTED]	
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: DOTM19A8C036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured		Number of Deaths	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).							
DT: THE VEHICLE LOST POWER, THE ENGINE LIGHTS CAME ON. HAD TO PULL OVER TO THE SIDE AND RESTART THE VEHICLE. TOOK VEHICLE TO THE DEALER, WHO REPLACED THE THROTTLE BODY. LOST POWER WHEN SWITCHING FROM THIRD TO FOURTH GEAR 90% OF THE TIME. THE "EC" LIGHT COMES ON AT THE SAME TIME WHEN LOSING POWER. THIS HAPPENED INTERMITTENTLY. CHECKED THE SENSORS AND LET THE DEALER KNOW IT WAS HAPPENING AGAIN. THEN THEY SAID VEHICLE NEEDED A MODULE. THIS HAPPENED ON NOVEMBER 1, 2004. JAK							
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**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**