



DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148

U. S. Department of Transportation

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects

National Highway Traffic Safety Administration

1-888-DASH-2-DOT (1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

Date Received: 2005 SEP -9 AM 3:57
15-AUG-2005

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OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: LAKEWOOD State: OH Zip Code: [Redacted]

Daytime Telephone Number: [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 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: YV1T53 [Redacted]
Make: VOLVO Model: S90 Model Year: 2000
Date Purchased: 22-JUL-03 Dealer's Name and Telephone Number: MOTOR CARS VOLVO 440-438-8400
Engine: No. Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: BEDFORD State: OH Zip Code: 44146
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 180000 VEHICLE SPEED CONTROL
Multiple Failures: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 26-OCT-2004 Failure Mileage: 62593 Failure Speed: 30 mph
Mass air flow sensor Throttle body Gasket
ETM Reloat

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/85R15): _____
DOT No. (Example: DOTM18ABC036) 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 the incident, 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 STALLED/DIED, AND LOST POWER DUE TO THROTTLE BODY FAILURE. WAS INVOLVED IN SEVERAL NEAR MISSES. *AK

I was trying to get through an intersection when the car lost power and stalled. Fortunately this happened before I was in the middle of the intersection. I was able to start the car & hit the gas hard & after several tries - kept the car running long enough to get through the intersection & into a parking lot.

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.