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 -9 AM 3:57

| FOR AGENCY USE ONLY 100148 | |
|---|---|
| Date Received 15-AUG-2005 | Repository ☐ |
| | Reference No. 10132826 |

**OWNER INFORMATION (Type or Print)**

| | | | |
|---|---|---|---|
| Name [redacted] | | Daytime Telephone Number [redacted] | E-mail Address [redacted] |
| Address [redacted] | | Evening Telephone Number | |
| City LAKEWOOD | State OH | Zip Code [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 ___/___/___

**VEHICLE INFORMATION**

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| YV1SZ5803[redacted] | VOLVO | XC70 | 2001 |

| Date Purchased | Dealer's Name and Telephone Number | | | Engine: | Fuel Type: |
|---|---|---|---|---|---|
| 08-DEC-03 | LEIKIN MOTOR CO 440-946-6900 | | | No. Cylinders 5 | Gas |
| Original Owner ☐ | Dealer's City WILLOUGHBY | State OH | Zip Code 44094 | | |

| Transmission Type | | Powertrain | Vehicle Component Code |
|---|---|---|---|
| AUTOMATIC | ☒ Antilock Brakes<br>☒ Cruise Control | ALL WHEEL DRIVE | 180000 VEHICLE SPEED CONTROL<br>Multiple Failure: 1 |

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

| Incident Date(s) | Failure Mileage | Failure Speed | |
|---|---|---|---|
| 19-AUG-2004 | 46490 | 60mpH | Throttle body ETM - Relault Gasket |

**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: DOTMAL9ABC035) | ☐ 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 | | | 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: VEHICLE STALLED/DIED, AND LOST POWER DUE TO THROTTLE BODY FAILURE. *AK

Driving on the highway - I noticed that the car was not holding a constant speed. It did not matter if I used cruise control or manually operated the accelerator petal - the problem continued. The car never completely failed and I mentioned it to the service people at Leikin Motors. It turned out to be the throttle body

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