



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 100148

Date Received

2005 SEP 29 AM 4:06
19-AUG-2006

Repository

Reference No.
10133512

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City PORT ST. LUCIE State FL Zip Code [REDACTED]

Daytime Telephone Number

E-mail Address

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 [REDACTED] Date 9/10/05

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side
VIN: [REDACTED] Make VOLVO Model S70 Model Year 2000

Date Purchased

26-JUL-05

Dealer's Name and Telephone Number
SERVICE CHEVROLET 772-587-8361

Engine:

No. Cylinders 5

Fuel Type:

Gas

Original Owner

Dealer's City
VERO BEACH

State

FL

Zip Code

32980

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 18-AUG-2006
Failure Mileage 48,815
Failure Speed 70

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: DOTM123ABC036)

Original Equipment
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

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 [REDACTED] Number of Deaths [REDACTED] 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: 2000 VOLVO S70 SE. WHILE DRIVING 70-75 MPH VEHICLE BUCKED, AND LOST CRUISE CONTROL. *AK
CAR SLOWED DOWN VERY QUICKLY - WOULD NOT REGAIN SPEED
THREATENED TO STALL EVERYTIME CAR WAS STOPPED AT LIGHT -
HAD TO PUT IT NEUTRAL AND KEEP FOOT ON GAS TO KEEP FROM STALLING
TOOK IT TO VOLVO DEALER - WAS INFORMED THE ELECTRONIC
THROTTLE MODULE WAS DEFECTIVE AND NEEDED TO BE REPLACED -
SEE ATTACHED [REDACTED]

Include, if available: Police/Fire Department Report [REDACTED]

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.

**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).**