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|  <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | | <p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline</p> | | <p>FOR AGENCY USE ONLY 100295</p> | |
| | | <p>Date Received 2005 OCT -6 26-AUG-2005</p> | <p>Repository <input type="checkbox"/></p> | <p>Reference No. 5:57 10134568</p> | |
| <p>OWNER INFORMATION (Type or Print)</p> | | | | | |
| Name | | Address | | Daytime Telephone Number | E-mail Address |
| City | | State | Zip Code | Evening Telephone Number | |
| SANTA MONICA | | CA | | | |
| <p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorized signature, please provide your name or address to the vehicle manufacturer.</p> | | | | | |
| Signature of Owner | | Date | | | |
| | | 9/26/05 | | | |
| <p>VEHICLE INFORMATION</p> | | | | | |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | | | Make | Model | Model Year |
| YV1LS56D9Y2 | | | VOLVO | S70 | 2000 |
| Date Purchased | Dealer's Name and Telephone Number | | | Engine: No. of Cylinders | Fuel Type: |
| 08/01 | Cerritos Nissan 562/402-2277 | | | 5 | unleaded |
| Original Owner | Dealer's City | | State | Zip Code | |
| <input type="checkbox"/> | Cerritos | | CA | | |
| Transmission Type | <input checked="" type="checkbox"/> Antilock Brakes | Powertrain | Vehicle Component Code | | |
| Auto | <input checked="" type="checkbox"/> Cruise Control | | 180000 VEHICLE SPEED CONTROL | | |
| | | | Multiple Failure: 1 | | |
| <p>FAILED COMPONENT(S)/PART(S) INFORMATION</p> | | | | | |
| Incident Date(s) | Failure Mileage | Failure Speed | | | |
| 30-MAR-2004 | 77000 | VARIOUS | | | |
| <p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</p> | | | | | |
| Tire Make | | Tire Model (Name or Number) | | Tire Size (Example P215/65R15) | |
| | | | | | |
| DOT No. (Example: DOTM19ABC036) | | <input type="checkbox"/> Original Equipment | Failure Location: | | |
| | | <input type="checkbox"/> Prior Repair | | | |
| Tire Component Code | | | Tire Failure Type | | |
| | | | | | |
| <p>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</p> | | | | | |
| Make: | | Date Manufactured: | | Model No./Name: | |
| | | | | | |
| Seat Type: | | Installation System: | | | |
| | | | | | |
| Child Seat Component Code: | | Failed Part: | | | |
| | | | | | |
| <p>APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)</p> | | | | | |
| Crash | Fire | Number of Persons Injured | Number of Deaths | Reported to Police | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 0 | 0 | N | |
| <p>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).</p> | | | | | |
| <p>REFERENCE 10130593, SECOND VEHICLE LISTED, STALLED IN AN INTERSECTION, LIFE THREATENING ISSUE, THROTTLE BODY FAULT CODE. DEALER RECOMMENDED REPLACING UNIT, CONSUMER DID NOT HAVE DONE BECAUSE DEALER COULD NOT GUARANTEE IT. SAME PART PUT IN AS FAILED PART. ALSO, HAD FAILURE ON S80. *AK</p> | | | | | |
| <p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY</p> | | | | | |
| <p>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 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.</p> | | | | | |

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Various incidents from city traffic driving to freeway.
I have stalled many times.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

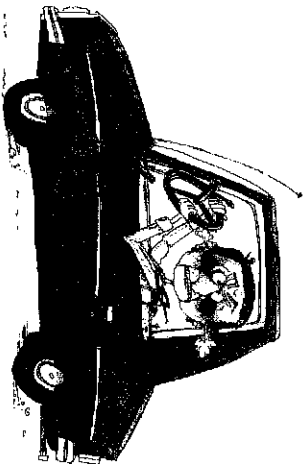
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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