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 OCT 13 PM 12:57

FOR AGENCY USE ONLY 100148	
Date Received: 22-SEP-2005	Repository ☐
	Reference No.: 10137332

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address [redacted]				
City: WELLESLEY	State: MA	Zip Code: [redacted]	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 10/12/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
YV1SW5[redacted]	VOLVO	V70	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
10-DEC-00	LEE VOLVO 781-235-8841			No. Cylinders 5	Gas
Original Owner ☒	Dealer's City: WELLESLEY	State: MA	Zip Code: 02482		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain: FRONT WHEEL DRIVE	780000 VEHICLE SPEED CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
19-JUL-2005	52900	72	

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: DOTMAL9ABC036)	☐ 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: THE CALLER SAID ON JULY 19, 2005 AFTER DRIVING TWO HOURS THE REDUCED PERFORMANCE WARNING LIGHT CAME ON. THE VEHICLE STARTED SHAKING AND HAD NO ACCELERATION. THE CALLER SAID THE REDUCED PERFORMANCE LIGHT CAME ON AGAIN ON THE WAY HOME. SHE GOT VEHICLE OFF THE ROAD AND WAITED A FEW MINUTES AND THE VEHICLE STARTED BACK UP. VEHICLE WAS TAKEN TO THE DEALER AND THE THROTTLE WAS REPLACED. THE CALLER JUST WANTED TO LET NHTSA KNOW ABOUT THE FAILURE. THE CALLER SAID DEALER WAS VERY NICE ABOUT THE REPAIR WORK. *AK

(-The First time this happened we had been stuck in traffic because of an accident on the Mass Pike so our speed was about 5mph, we were then back up to speed when it happened the second time.)

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