



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 NOV 29 711
31-OCT-2005

Repository

Reference No.
10141251

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City NEW YORK State NY Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

Do you authorize [REDACTED] manufacturer of your vehicle? YES NO
In the absence of [REDACTED] your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 11/05/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number [REDACTED] located at bottom of windshield on driver's side Make VOLVO Model S80 Model Year 2000

Date Purchased 01-DEC-99 Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders 6 Fuel Type: Gas

Original Owner Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]

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) 28-OCT-2005 Failure Mileage 65552 Failure Speed [REDACTED]

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: DOTM19ABC036) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

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: THE CONTACT STATED WHILE DRIVING AT LOW SPEEDS THE VEHICLE SURGED. ALSO, THIS HAPPENED WHILE STOPPING OR WHEN VEHICLE WAS IN REVERSE. THE CHECK ENGINE LIGHT ILLUMINATED, AND THE MESSAGE READ CHECK EXHAUST SYSTEM. THE CONTACT TOOK THE VEHICLE TO A SERVICE DEALER TO BE REPAIRED. THE DEALER REPLACED THE THROTTLE BODY AND THE MASS AIRFLOW. THE REPLACEMENTS APPEARED TO HAVE CORRECTED THE PROBLEM. *AK ALSO AT SOME TIMES VEHICLE NEARLY STALLED AND AT A STOP HAD TO BE PUT INTO NEUTRAL. COST TO REPLACE ABOUT \$1200 - AT DANBURY, CT. VOLVO.

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 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.