Form Approved: O.M.B. No. 2127-0009

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

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OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: MINNEAPOLIS | State: MN | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
E-mail Address: [redacted]
Evening Telephone Number:

Do you authorize NHTSA to [redacted] part to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an autho[redacted] provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 11/21/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
YV1SZ5[redacted]	VOLVO	V70	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
15-MAR-05	POQUET AUTOMOTIVE			No. Cylinders 5	Gas
Original Owner ☐	Dealer's City: GOLDEN VALLEY	State: MN	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE AWD	180000 VEHICLE SPEED CONTROL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
24-OCT-2005	60000	15 - 60	Problem happened about 10 times before repair at speeds of 15-60 mph.

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 CONTACT STATED VEHICLE WAS LOSING POWER WHILE ACCELERATING AND WOULD ONLY GO 15 MPH. HE WOULD COAST TO THE SIDE OF THE ROAD AND TURN THE VEHICLE OFF AND BACK ON. THIS HAPPENED DAILY. HE TOOK THE VEHICLE TO THE DEALERSHIP, AND THE THROTTLE BOX WAS REPLACED. THE PROBLEM HAS NOT COME BACK SINCE THE REPAIRS. *AK

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

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).