



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

Repository

17-NOV-2005

Reference No.

10143013

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City LYNDHURST State OH Zip Code [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to report to the manufacturer of your vehicle? YES NO
In the absence of an authorized agent, do you authorize NHTSA to report to the manufacturer?
Signature of Owner [REDACTED] Date 5.26.06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on drivers side: YV1LZ56DXYZ [REDACTED]
Make VOLVO Model VOLVO Model Year 2000
Date Purchased 01-DEC-00 Dealer's Name and Telephone Number LEIKEN MOTORS 440-946-6900 Engine: No. Cylinders 4 Fuel Type: Gas
Original Owner Dealer's City MENTOR State OH Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain ALL WHEEL DRIVE
Vehicle Component Code 180000 VEHICLE SPEED CONTROL
Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-AUG-2005 Failure Mileage 47000 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: DOTM18ABC036) 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), condition, 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 VEHICLE STALLED AT HIGHWAY SPEED. THE ENGINE DID NOT DIE BUT OPERATED AT A REDUCED SPEED. THE THROTTLE LIGHT ILLUMINATED WHEN THIS PROBLEM OCCURRED. HE TOOK THE VEHICLE TO THE DEALER. THE DEALER DETERMINED IT WAS A THROTTLE BODY PROBLEM. THE DEALER REPLACED THE THROTTLE BODY AT A DISCOUNTED PRICE. SINCE THE REPAIR THERE HAVE BEEN NO FURTHER PROBLEMS. *AK

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.