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 ☐
25-APR-2006 (2006 MAY 10 AM 9:01)	Reference No. 10156049

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]		
City WAKEFIELD	State RI	Zip Code [redacted]	

Daytime Telephone Number [redacted]	E-mail Address [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 [redacted] provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 4/29/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
YV4SZ59226[redacted]	VOLVO	~~C70~~ XC70	2006

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
24-MAR-06	SECOR AUTO CENTER			No: Cylinders	Gas
Original Owner ☒	Dealer's City NEW LONDON	State CT	Zip Code 06320	5	

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	152000 SEAT BELTS:REAR Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
25-APR-2006	1500		

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 BOTH REAR OUTBOARD SEAT BELTS HAVE A PLASTIC SHIELD ON THEM, WHICH CAUSES THE SEAT BELT TO BECOME ENTANGLED. IF THE SEAT BELTS ARE BEING OCCUPIED AND THE PASSENGER LEANS FORWARD, THE SEAT BELT GETS ENTANGLED IN THE PLASTIC SHIELD CAUSING EXCESSIVE SLACK THAT WILL NOT RETRACT. THE DEALER IS ORDERING A NEW RETRACTOR FOR THE SEAT BELTS. THE MANUFACTURER HAS NOT BEEN ALERTED.

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