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
2006 DEC -1 AM 8:40 24-OCT-2006	☐
	Reference No. 10171726

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City WASHINGTON **State** DC **Zip Code** 20012	[redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ *YES* ☒ *NO*
In the absence of authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 10/30/2006

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
YV1LZ56D[redacted]	VOLVO	V70	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
20-FEB-00	HERB GORDAN 301-847-2220			No: Cylinders 5	Gas
Original Owner ☒	Dealer's City SILVER SPRING	State MD	Zip Code 20904		

Transmission Type			Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes	☒ Cruise Control	ALL WHEEL DRIVE	110000 ELECTRICAL SYSTEM
				Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
24-OCT-2005	54000	25 or Higher	

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 WHILE DRIVING 25 MPH, THE VEHICLE COMPLETELY LOST POWER. THE VEHICLE WAS TAKEN TO A SERVICE DEALER, WHO REPLACED BATTERY CABLES AND THE CONTROL MODULE. The motor shuts off or stalls while driving and when you try to restart the motor it put-puts and it put-puts sometimes 30sec. to 2 min. before the engine stats to run normal. Other times it will make you pull over to the side of the road and let it put-put runs normal again so you can continue to drive.

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