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 ☐
09-APR-2007 2007 MAY 21 PM 2:24	Reference No. 10187337

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City HOUSTON	State TX	Zip Code	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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
YVJS8832NA	VOLVO	940	1992

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
20-MAY-02	WAYNE DAVEY MOTORS 281-589-1984	No: Cylinders 4	Gas

Original Owner	Dealer's City	State	Zip Code
☐	HOUSTON	TX	77082

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
03-APR-2007	180000		

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	1	0	Y

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).

TL*- THE CONTACT STATED THAT WHILE THE DRIVER WAS AT A STOP SIGN AND ATTEMPTING TO MAKE A LEFT TURN IN A 1992 VOLVO 940 GL WITH 180,000 FAILURE MILEAGE WHEN THE CONTACT'S VEHICLE WAS HIT ON THE PASSENGER'S SIDE FRONT DOOR AND PUSHED HEAD ON INTO ANOTHER VEHICLE. UPON IMPACT, THE AIR BAGS DID NOT DEPLOY. THE CONTACT SUSTAINED MINOR INJURIES, AND THE VEHICLE SUSTAINED MAJOR DAMAGE AND WAS NOT DRIVABLE. THE CONTACT WILL CALL THE DEALER AND THE MANUFACTURER CONCERNING THE AIR BAGS NOT DEPLOYING. *AK

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