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

2008 FEB 19 PM 2:02

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
04-FEB-2008	Reference No. 10216892

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City: LEXINGTON	State: KY	Zip Code:	

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 2/11/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
YV1MS6829	VOLVO	S40	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
12-AUG-04				No: Cylinders 5	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	072100 FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP Multiple Failure: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
04-FEB-2008		0	

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	0	0	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).

TL*THE CONTACT OWNS A 2005 VOLVO S40. THE VIN WAS NOT INCLUDED IN NHTSA CAMPAIGN ID NUMBER 08V033000 (FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP). THE CONTACT WAS CONCERNED OF A FAILURE OCCURRING SINCE THE STATE OF KENTUCKY USES SALT. THERE HAD BEEN NO FAILURE TO DATE. THE CURRENT MILEAGE WAS 43,000.

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