



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

04-FEB-2008

Reference No.

10216900

2008 MAR -4 AM 8:11

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
 Address: [REDACTED]
 City: IRVINE State CA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]

E-mail Address

Evening Telephone Number: [REDACTED]

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: [REDACTED] Date: 02/11/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: YV1RS61R [REDACTED]
 Make: VOLVO Model: S60 Model Year: 2001
 Date Purchased: 17-JAN-01 Dealer's Name and Telephone Number: [REDACTED] Engine: No: Cylinders 5 Fuel Type: Gas
 Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
 Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
 Powertrain: FRONT WHEEL DRIVE Vehicle Component Code: 072100 FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP
 Multiple Failure: 90

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 25-NOV-2007 Failure Mileage: 84000 Failure Speed: 0
 Repair: 12/31/07

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: DOTM19ABC036): [REDACTED] 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), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
 Number of Persons Injured: 0 Number of Deaths: 0 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).

TL*THE CONTACT OWNS A 2001 VOLVO S60. WHILE THE VEHICLE WAS PARKED, THE CONTACT SMELLED A STRONG ODOR OF GASOLINE COMING FROM THE VEHICLE. HE ALSO NOTICED A PUDDLE OF GASOLINE UNDERNEATH THE MIDDLE REAR OF THE VEHICLE. HE TOOK THE VEHICLE TO A LOCAL MECHANIC AND THEY REPLACED THE FUEL PUMP. HE HAS NOT NOTIFIED THE DEALER IN REFERENCE TO NHTSA CAMPAIGN ID NUMBER 07V152000 (FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP), IN WHICH HE NEVER RECEIVED A RECALL NOTICE. THE FAILURE MILEAGE WAS 84,000 AND CURRENT MILEAGE WAS 85,000.

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 to 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.