



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

2008 APR -8 AM 7:23
25-MAR-2008

Reference No.
10222294

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City EAGLE MOUNTAIN State UT Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number [REDACTED]

E-mail Address

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: YV1RS53D41 [REDACTED]
Make VOLVO Model S60 Model Year 2001
Date Purchased 01-JAN-05 Dealer's Name and Telephone Number _____ Engine: No: Cylinders 5 Fuel Type: Gas
Original Owner Dealer's City _____ State _____ Zip Code _____
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE
Vehicle Component Code 072100 FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP
Multiple Failure: 120

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-NOV-2007 Failure Mileage 115000 Failure Speed _____

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: DOTM19ABC036) 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 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. THE CONTACT SMELLED A STRONG GAS ODOR WHILE THE VEHICLE WAS PARKED. THE DEALER STATED THAT THE FUEL PUMP CAUSED THE FAILURE. THERE IS A RECALL FOR THE FUEL SYSTEM, GASOLINE: DELIVERY: FUEL PUMP (NHTSA CAMPAIGN ID # 07V152000) HOWEVER THE RECALL ONLY COVERS VEHICLES IN NEVADA, AND ARIZONA. AS OF MARCH 25, 2008, THE DEALER HAD NOT REPAIRED.THE VEHICLE. THE CURRENT MILEAGE WAS 122,000 AND FAILURE MILEAGES 115,000.

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 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Dealership repaired at no charge

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300

SALT LAKE CITY UT 841

01 APR 2008 PM 5

**PLEASE DO NOT READ,
THINK, SPEAK, OR WRITE,
OR SIGN ANYTHING
NECESSARY
IF MAILED
IN THE
UNITED STATES**

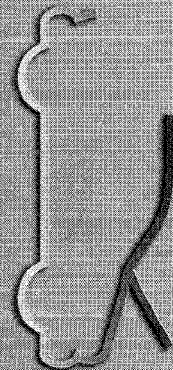
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Ave SE
Washington, DC 20077-9382**



Think your vehicle has a safety defect?



**If so:
Use the enclosed form to file a report.**

**or visit:
www.safercar.gov**

**or call:
Vehicle Safety Hotline
888-327-4236**



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