



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

02-MAY-2008

Reference No.
10226509

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City RANCHO PALOS VERDES State CA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

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 authorized address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 5/10/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
YV1RS58D51 [REDACTED]
Make VOLVO Model S60 Model Year 2001
Date Purchased 1-22-01 Dealer's Name and Telephone Number POWER VOLVO SOUTH BAY 310-325-3255
Original Owner Dealer's City TORRANCE, CA State CA Zip Code 90505
Engine: No: Cylinders
Transmission Type AUTOMATIC Antilock Brakes Powertrain Cruise Control
Vehicle Component Code 070000 FUEL SYSTEM, GASOLINE
Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 07-APR-2008 Failure Mileage 42000 Failure Speed 0 FUEL PUMP

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location:
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:
Seat Type: [REDACTED] Installation System:
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. THE CONTACT STATED THAT IT IS VERY DIFFICULT TO START THE VEHICLE AND HE NOTICED A VERY STRONG GASOLINE ODOR. THE DEALER STATED THAT HIS VIN WAS NOT INCLUDED IN NHTSA CAMPAIGN ID NUMBER 07V152000 (FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP), ALTHOUGH THE FAILURES WERE IDENTICAL. THE CONTACT WOULD BE RESPONSIBLE FOR THE REPAIR COSTS. THE VEHICLE IS IN THE PROCESS OF BEING REPAIRED. THE FAILURE MILEAGE WAS 42,000.

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.

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

A STRONG ODOR OF FUEL WAS NOTICED IN THE GARAGE. IF THERE IS A IGNITION SOURCE THE POSSIBILITY OF A FIRE OR EXPLOSION IS HIGH. PER RECALL #176, VOLVO WAS REPLACING THESE FUEL PUMPS IN ONLY NEVADA & ARIZONA. MY CAR HAD THE SAME PROBLEM WITH A CRACKED FUEL PUMP. THIS IS THE SAME PART ON THIS CAR IN EVERY STATE THAT IT IS SOLD.

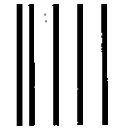
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9362

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

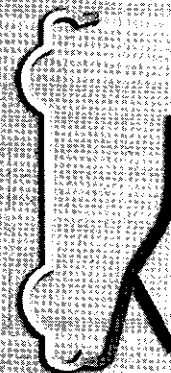
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

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**



Vehicle Owners: For more information, (VOC)
U.S. Department of Transportation
National Highway Traffic Safety Administration



1735744

59381

Power O. Volvo South Bay

INVOICE

3010 Pacific Coast Highway · Torrance, CA 90505
(310) 325-3255 · fax (310) 325-5890
www.powerdirect.com

RANCHO PALOS VERDES, CA [REDACTED]
HOME: [REDACTED] BUS: [REDACTED]

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SERVICE ADVISOR: 3560 DONNIE ELLIS

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG
426SILVER	01	VOLVO S60ASR	YV1RS58D512 [REDACTED]	[REDACTED]	46758/46758	[REDACTED]
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO.	PAYMENT	INV DATE
22JAN01 DD			19:00 01MAY08		0.00 CPNP	05MAY08

R.O. OPENED: [REDACTED] READY: [REDACTED] OPTIONS: DLR:5155 ENG:B5244T3 TRN:AUTOMATIC
 AXL:3845832291 1)STK#-1581
 17:26 01MAY08 16:48 05MAY08 3)STEVE-STAME/(OFFER-CODE#-123000-65891- (More...))

LINE OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A CUSTOMER STATE HARD START WHEN THE ENG IS COLD.						
02 CUSTOMER STATES E - 02						
		3332	CP		0.00	0.00
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE A: 0.00

46758 THE CUSTOMERS CONCERN WAS NOT DUPLICATED

B CUSTOMER STATE ALSO SMELL FUME IN THE CAR GARAGE
 02 CUSTOMER STATES E - 02

		3332	CP		411.99	411.99
1	9141498	7	O-RING	2.94	2.94	2.94
1	31261128	8	PUMP UNIT	346.86	346.86	346.86
1	9141498	7	O-RING	2.94	2.94	2.94
PARTS:	352.74	LABOR:	411.99	OTHER:	0.00	TOTAL LINE B: 764.73

46758 TECH FOUND THE FUEL PUMP TO HAVE A LEAK, REPLACED THE FUEL PUMP ASSEMBLY

C PERFORM MULTI POINT INSPECTION
 MP PERFORM MULTI POINT INSPECTION

		3332	CP		0.00	0.00
PARTS:	0.00	LABOR:	0.00	OTHER:	0.00	TOTAL LINE C: 0.00

PAID MAY 05 PAID *Cml*

"I acknowledge notice and oral [REDACTED] increase in the original estimated price. [REDACTED] Signature or initials)"
ALL PARTS NEW UNLESS OTHERWISE SPECIFIED.
 ON BEHALF OF SERVICING DEALER, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE UNLESS OTHERWISE SHOWN. SERVICES DESCRIBED WERE PERFORMED AT NO CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE, THAT ANY PART REPAIRED OR REPLACED UNDER THIS CLAIM HAD BEEN CONNECTED IN ANY WAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE. RECORDS SUPPORTING THIS CLAIM ARE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY MANUFACTURER'S REPRESENTATIVE.

STATEMENT OF DISCLAIMER
 The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

DESCRIPTION	TOTALS
LABOR AMOUNT	411.99
PARTS AMOUNT	352.74
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	764.73
LESS INSURANCE / DIS.	48.84
SALES TAX	29.10
PLEASE PAY THIS AMOUNT	744.99

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)

BAR # AE 018802 EPA # CAD 981436264
 DEALER CODE 5155

CUSTOMER COPY