

 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration			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: 07-JAN-2009 Repository: <input type="checkbox"/> Reference No.: 10254156		
OWNER INFORMATION (Type or Print)								
Name			Daytime Telephone Number		E-mail Address			
Address								
City: NORTHFORD		State: CT	Zip Code			Evening Telephone Number		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner: _____ Date: 1/20/09								
VEHICLE INFORMATION								
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side YV1SZ59H74			Make VOLVO	Model XC70	Model Year 2004			
Date Purchased 3-11-04	Dealer's Name and Telephone Number Volvo Meriden			Engine: 2.5 liter	Fuel Type: gas			
Original Owner <input checked="" type="checkbox"/>	Dealer's City Meriden		State CT	Zip Code 06492	No: Cylinders 5			
Transmission Type Auto	<input checked="" type="checkbox"/> Antilock Brakes	<input type="checkbox"/> Cruise Control	Powertrain		Multiple Failure:			
Incident Date(s) 19-DEC-2008								
FAILED COMPONENT(S)/PART(S) INFORMATION								
Vehicle Component Code: 021000 SUSPENSION: FRONT				Failure Mileage 97791	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)		<input type="checkbox"/> Original Equipment	<input type="checkbox"/> 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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>								
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2004 VOLVO XC70. THE CONTACT HEARD A LOUD BANGING ON THE FRONT DRIVER'S SIDE OF THE VEHICLE WHILE DRIVING IN REVERSE. THE FRONT DRIVER'S SIDE SUSPENSION COIL SPRING FAILED. THE VEHICLE WAS DRIVEN TO THE REPAIR SHOP AND THEY REMOVED THE FRONT STRUTS. THEY REASSEMBLED THE FRONT STRUT ASSEMBLY WITH NEW, ORIGINAL VOLVO MANUFACTURED FRONT STRUTS, MOUNTS, BUSHINGS, AND SPRINGS. THE DEALER REINSTALLED THE FRONT STRUT ASSEMBLY AND THEN TEST DROVE THE VEHICLE TO MAKE SURE IT WAS ABLE TO BE DRIVEN. THE FAILURE MILEAGE WAS 97,791.								
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.								