



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

29-JAN-2009

Repository

Reference No.
10256859

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City GLENDORA State CA Zip Co _____

Daytime Telephone Number _____

E-mail Address _____

Evening Telephone Number _____

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
YV1SZ59H24

Make VOLVO Model XC70 Model Year 2004

Date Purchased *Aug. 2003* Dealer's Name and Telephone Number *BOZZANI MOTORS* Engine: No: Cylinders *5* Fuel Type: *PRIMUM UNLEADED*

Original Owner Dealer's City *COVINA CA* State *CA* Zip Code _____

Transmission Type *AUTOMATIC* Antilock Brakes Cruise Control Powertrain _____ Multiple Failure: _____ Incident Date(s) 19-JAN-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE Failure Mileage *96000* Failure Speed *0*
95000

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make *MICHELIN* Tire Model (Name or Number) _____ Tire Size (Example P215/65R15) _____
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: *FUEL PUMP*
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 2004 VOLVO XC70. THE CONTACT EXPERIENCED DIFFICULTY STARTING THE ENGINE. SHE MADE SEVERAL ATTEMPTS BEFORE THE ENGINE STARTED AND THEN HEARD A LOUD NOISE FOLLOWED BY EXCESSIVE VIBRATION. IMMEDIATELY, THE CHECK ENGINE WARNING INDICATOR ILLUMINATED INTERMITTENTLY ON THE INSTRUMENT PANEL. THE DRIVER SMELLED A STRONG ODOR OF FUEL WHEN THE VEHICLE WAS IN OPERATION. IN ADDITION, THERE WAS A SMALL AMOUNT OF FUEL SPILLING ONTO THE GROUND FROM THE FUEL TANK. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC FOR DIAGNOSTIC TESTING AND THEY STATED THAT THE FUEL PUMP FAILED. THE VEHICLE HAS NOT BEEN REPAIRED. THE FAILURE AND CURRENT MILEAGES WERE *96,000 95,000*.

After this report the car was taken to an independent mechanic and I am enclosing a copy of the invoice receipt that cost me to repair the fuel pump. It was a total replacement of the faulty assembled Volvo's fuel pump. There was an updated of the fuel pump that was received.

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)

I have no report of accidents because the independent mechanic advised not to drive the volvo on freeways or higher speeds on the roads. I took his advice but in the meantime I was without a vehicle to do my errands, and commute the children.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

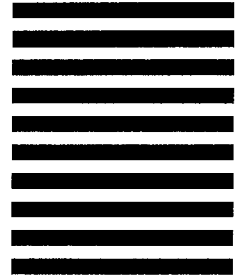
National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



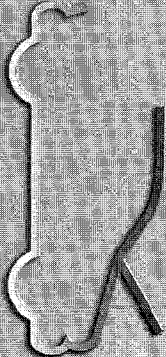
BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 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 Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

**THE VOLVO
CAR CLINIC**



VOLVO CAR CLINIC

605 E. ARROW HWY
GLEN DORA CA 91740

(626) 914-9805

02042009

VCARCLINIC.REPAIR.BZ
volvocarclinic@verizon.net
Federal ID: AR0042070

INVOICE: 2/4/2009

GLEN DORA CA

Auto Repair License: AC244040

2004 Volvo XC70 License: Odometer: 94984 Vin: YV1SZ59H24

Original Estimate

Amount Approved: \$654.49

BY: Approved Date: 2/4/2009 10:00:00 AM Method: In Person

CUSTOMER STATES FUEL SMELL AND HARD START

Labor performed on this job:

Labor Hours 2 Labor Rate \$80.00 \$160.00

CHECK CAUSE FOUND THAT MAIN FUEL PUMP ASSEMBLY HAS CRACK IN HOUSING CHECK FOR VOLVO WARRANTY ADVISED CUSTOMER THAT VOLVO DOESN'T PROVIDE WARRANTY ON PUMP AT THIS TIME AND NEW PUMP ASSEMBLY HAS BEEN UP-DATED TO REPAIR THIS PROBLEM AS PER CUSTOMER REQUEST REPLACE WORN (LEAKING) FUEL PUMP ASSEMBLY WITH NEW VOLVO PART THEN RECHECK FUEL SYSTEM FOR LEAKS NORMAL OPERATION NOW OBSERVED AT THIS TIME

Tech: IGNACIO ALVARADO

Parts required on this job:

PUMP UNIT 1 \$419.22 \$419.22

FUEL TANK SEAL 2 \$18.79 \$37.58

Parts:	\$456.80
Labor:	\$160.00
Job Subtotal:	\$616.80

Invoice Summary

Parts: \$456.80

Labor: \$160.00

Subtotal: \$616.80

Tax: \$37.69

Total: \$654.49

Paid in full: credit card Visa

I, the registered owner, hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle herein described on street, highways or elsewhere for the purpose of testing and/or inspection. I agree to pay \$10 per day storage on vehicles left more than 48 hours after notification of completion of repairs. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs, storage, and any legal fees thereto. I agree to pay costs of any attorney of collection fees. Payment is due at completion of work. Any returned check is subject to a 35.00 charge. All past due accounts are subject to a 1.5% monthly late fee. Smog: Some Emission control devices may be covered under warranty. WARRANTY 4 months or 4000 miles which ever comes first. This firm will repair free of charge any defect in material and workmanship to the vehicle mentioned here. All warranty work to be do by this shop only and this does not include towing or loss of freon.

Authorized Signature: _____

Paid ch #