



OCT 20 2009

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

U.S. Department of Transportation

National Highway Traffic Safety Administration

FOR AGENCY USE ONLY 100148

Date Received

02-OCT-2009

Repository

Reference No. 10286103

OWNER INFORMATION (Type or Print)

Name

Address

City

MIAMI

State

FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

YVICZ91H341

Make

VOLVO

Model

XC90

Model Year

2004

Date Purchased

Dealer's Name and Telephone Number

Deel Volvo (305) 444-2222

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

Miami

State

FL

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

25-SEP-2009

Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE

Failure Mileage

40000

Failure Speed

0

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

Number of Deaths

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 XC90. THE CONTACT SMELLED A STRONG ODOR OF FUEL OUTSIDE OF THE PARKED VEHICLE AND INSIDE OF THE VEHICLE WHILE DRIVING. THE FAILURE OCCURRENCE WAS INTERMITTENT AND HAS PROGRESSED. AN AUTHORIZED DEALER STATED THAT THE FAILURE WAS CONTRIBUTED TO A CRACKED FUEL PUMP HOUSING. THE VEHICLE HAS NOT BEEN REPAIRED. THE CONTACT WAS EXTREMELY CONCERNED ABOUT THE SAFETY HAZARD. THE VIN WAS UNAVAILABLE. THE FAILURE AND CURRENT MILEAGE WAS 40,000.

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.