

 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 MAY - 5 2011 07-APR-2011		Repository <input type="checkbox"/> Reference No. 10395191							
OWNER INFORMATION (Type or Print)													
Name		Address		City		State		Zip Code		Daytime Telephone Number		E-mail Address	
TUCSON		AZ		85705									
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				Make		Model		Model Year					
YV1S352Y242				VOLVO		V70 R		2004					
Date Purchased		Dealer's Name and Telephone Number						Engine: 300 HP		Fuel Type;			
2/16/04		VOLVO OF TUCSON 520 792 1070						No: Cylinders		91			
Original Owner		Dealer's City		State		Zip Code							
<input checked="" type="checkbox"/>		TUCSON		AZ		85705		6					
Transmission Type		<input checked="" type="checkbox"/> Antilock Brakes		Powertrain		Multiple Failure:		Incident Date(s)					
auto		<input checked="" type="checkbox"/> Cruise Control		auto trans w/ geartronic				11-MAR-2011					
FAILED COMPONENT(S)/PART(S) INFORMATION													
Vehicle Component Code: 103000 POWER TRAIN: AUTOMATIC TRANSMISSION								Failure Mileage		Failure Speed			
								112000		5			
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: DOTM4L9ABC036)				<input type="checkbox"/> Original Equipment		Failure Location:							
				<input type="checkbox"/> Prior Repair									
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		Fire		Number of Persons Injured		Number of Deaths		Reported to Police					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						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 V70. WHILE DRIVING IN REVERSE APPROXIMATELY 5 MPH, THE TRANSMISSION FAILED WITHOUT PRIOR WARNING. THE VEHICLE WAS TOWED TO AN INDEPENDENT MECHANIC WHERE THE TRANSMISSION WAS REPLACED. THE FAILURE MILEAGE WAS 112,000.													
I don't see how on earth my trans goes after 112,000 miles - only one other Volvo trans went and that was at 270,000 miles.													
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.													

