

 <p><b>U.S. Department of Transportation</b>  <b>National Highway Traffic Safety Administration</b></p>		<p><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire</b>  <b>To Report Vehicle Safety Defects</b>  <b>1-888-DASH-2-DOT</b>  <b>(1-888-327-4236)</b>  <b>INTERNET:www.nhtsa.dot.gov/hotline</b></p>		FOR AGENCY USE ONLY 100148	
		Date Received  13-JUN-2011 <b>JUL 18 2011</b>	Repository <input type="checkbox"/>		Reference No. 10406084
<b>OWNER INFORMATION (Type or Print)</b>					
Name		Daytime Telephone Number		E-mail Address	
Address		Evening Telephone Number			
City	State	Zip Code			
GREENVILLE	MS				
<p><i>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).</i></p>					
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side YV1KS9617S		Make VOLVO	Model 960	Model Year 1995	
Date Purchased 1-16-97	Dealer's Name and Telephone Number England Motor Co 662-332-6341-closed		Engine: No: Cylinders 6	Fuel Type: Gas	
Original Owner <input checked="" type="checkbox"/>	Dealer's City Greenville	State MS	Zip Code 38701		
Transmission Type Auto	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 30-MAY-2011	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE			Failure Mileage 17289	Failure Speed	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM4L9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:			
Tire Component Code			Tire Failure Type:		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:		Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> <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	Number of Deaths	Reported to Police N	
<p><b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b>  <b>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).</b></p>					
<p>TL* THE CONTACT OWNS A 1995 VOLVO 960. THE CONTACT STATED THE VEHICLE HAD AN EXTREMELY STRONG GASOLINE FUEL ODOR, THE VEHICLE WAS NOT TAKEN TO THE DEALER TO BE DIAGNOSED OR REPAIRED. THE FAILURE AND CURRENT MILEAGE WAS 17,289.</p>					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
<p>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.</p>					