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	Repository
27-JUN-2012 AUG 06 2012	☐
Reference No. 10463278	

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City LOGANVILLE	State GA	Zip Code	

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
YV1TS94D1Y1	VOLVO	S80	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
01/08/2000	DYER & DYER VOLVO (770) 452-0677			6	GAS
Original Owner ☐	Dealer's City CHAMBLEE,	State GA	Zip Code 30341		

Transmission Type	☑ Antilock Brakes ☑ Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 01-JUN-2011

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: VISIBILITY/WIPER (PWS)	Failure Mileage	Failure Speed
	146000	60

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 2000 VOLVO S80. THE CONTACT STATED THAT WHILE DRIVING 60 MPH, THE WINDSHIELD WIPERS BEGAN WORKING ON THEIR OWN. FOR THE DURATION OF THE DRIVE, THEY KEPT TURNING ON AND OFF INTERMITTENTLY. THE CONTACT HAD TO PULL THE FUSE TO STOP THE FAILURE AND COMPLETE HIS TRIP. THE DEALER WAS CONTACTED BUT OFFERED LITTLE ASSISTANCE. THE MANUFACTURER WAS NOTIFIED BUT OFFERED NO ASSISTANCE. THE FAILURE AND CURRENT MILEAGES WERE 146,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY