



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<br><b>NOV 13 2012</b><br>09-OCT-2012 | Repository <input type="checkbox"/> |
|  | Reference No.<br>10479401           |

**OWNER INFORMATION (Type or Print)**

|                    |                          |                |
|--------------------|--------------------------|----------------|
| Name               | Daytime Telephone Number | E-mail Address |
| Address            | Evening Telephone Number |                |
| City - FLORAL PARK | State NY                 | 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<br>YV1VS2554YF | Make<br>VOLVO  | Model<br>S40                  | Model Year<br>2000                   |
| Date Purchased<br>1/31/00  | Dealer's Name and Telephone Number<br>HASSEL VOLVO 516 671-1700                                | Engine:<br>No: Cylinders<br>4 | Fuel Type:<br>G                      |
| Original Owner<br><input checked="" type="checkbox"/>  | Dealer's City<br>GLEN COVE   | State<br>NY                   | Zip Code<br>11542                    |
| Transmission Type<br>AUTO  | <input checked="" type="checkbox"/> Antilock Brakes<br><input type="checkbox"/> Cruise Control | Powertrain                    | Multiple Failure:                    |
|  |  |                               | Incident Date(s)<br>30-AUG-2012 FROM |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

|  |                          |                     |
|--|--------------------------|---------------------|
| Vehicle Component Code: 180000 VEHICLE SPEED CONTROL | Failure Mileage<br>95000 | Failure Speed<br>30 |
|--|--------------------------|---------------------|

**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) | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> 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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Deaths<br>0 | Reported to Police<br>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 S40. THE CONTACT STATED THAT WHILE TRAVELING 30 MPH THE VEHICLE'S SPEED ERRONEOUSLY INCREASED TO 55 MPH. THE CONTACT FIRMLY DEPRESSED THE BRAKE PEDAL TO STOP THE VEHICLE. THE CONTACT MERGED TO THE SIDE OF THE ROAD TO RESTART THE VEHICLE. THE VEHICLE THEN FUNCTIONED AS NORMAL. THE VEHICLE WAS TAKEN TO A MECHANIC WHERE IT WAS FOUND THAT THE COOLANT TEMPERATURE SENSOR HAD FAILED. THE VEHICLE WAS REPAIRED. THE FAILURE RECURRED SEVERAL TIMES AFTER THE REPAIR. THE FAILURE MILEAGE WAS 95,000 AND THE CURRENT MILEAGE WAS 96,828.

**IDLE CONTROL VALVE WAS REPLACED TO CORRECT THE PROBLEM STILL PERSISTS (SELF ACCELERATION AND NOT STOPPING FULLY WHEN BREAKING. WHEN THE BRAKE PEDAL IS PRESSED HARD, A SHAKY SOUND COMES ON**

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.